

Membership Number (office use only) _____



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stiwa.com.au

APPLICATION FOR ASSOCIATE MEMBERSHIP

Section 1: Applicant Information

I hereby make application for membership of the Strata Titles Institute of Western Australia Inc as an Associate Member (non-voting):

Name: : _____

Position / Title: _____

Being a partner / employee of*: _____
(*who is a member of the Strata Titles Institute)

Postal Address:

Telephone:

Fax:

Email:

Section 2: Organisation Information

Which of the following disciplines best describes your business activity (select one only):

- | | |
|---|--|
| <input type="checkbox"/> Strata Company Manager | <input type="checkbox"/> Solicitor |
| <input type="checkbox"/> Strata Titles Consultant | <input type="checkbox"/> Settlement Agent |
| <input type="checkbox"/> Surveyor | <input type="checkbox"/> Valuer |
| <input type="checkbox"/> Real Estate Agent | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (please describe) _____ |

Please list membership of any other professional bodies:

Section 3: Nomination

This applicant is nominated by the following STIWA Member (as detailed in Section 1 above):

Signature of nominating member:

Date:

If signing on behalf of an organisation please indicate the capacity or authority of signatory:

Section 4: Applicant Declaration

I certify that:

- 1) I have not been convicted of any offence involving verbal dishonesty: and
- 2) I have not been suspended or expelled from any professional association.

I, the undersigned, hereby confirm that if accepted as an Associate Member of the Strata Titles Institute of Western Australia Inc, I will agree to be bound by the Constitution and Code of Ethics of the Institute.

Signature of applicant:

Date:

Consent

- I consent to receiving STIWA information by email
- I do not wish to receive STIWA information by email

PLEASE SUBMIT SUBSCRIPTION FEE WITH THIS APPLICATION

FEES: JAN – DEC 2010 \$235 INC GST

CHEQUES CAN BE MADE PAYABLE TO: STRATA TITLES INSTITUTE OF WA INC AND MAILED TO THE ABOVE ADDRESS OR REMIT BY EFT TO: BSB: 186 300 ACCOUNT: 2202 36863 (PLEASE MAIL REMITTANCE ADVICE WITH THIS APPLICATION)