

Membership Number (office use only) _____



PO Box 7, West Perth WA 6872
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stiwa.com.au

APPLICATION FOR MEMBERSHIP

(Please tick the appropriate membership below)

- Member (with voting rights) FEE: Jan – Dec 2010 \$645 inc GST
 Provisional Member (12 months only) FEE: Jan – Dec 2010 \$290 inc GST

Please note: Affiliate and Associate Membership Applications should be made on the appropriate form)

Section 1: Applicant Information

Name of personal applicant: _____

OR

Corporate Entity: _____

Trading As: _____

Whose nominated representative* is: _____

* (being a person authorised to act on behalf of the organisation named above in respect to membership)

Postal Address: _____

Trading Address (if different): _____

Telephone: _____

Fax: _____

Email: _____

Section 2: Organisation Information

Brief description of main business activity: _____

Length of time in this activity: [] years

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: _____

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 a 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: _____

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

Consent

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

PLEASE SUBMIT SUBSCRIPTION FEE (SEE ABOVE) WITH THIS APPLICATION

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)

IMPORTANT: IF THIS APPLICATION FOR MEMBERSHIP (NOT PROVISIONAL MEMBERSHIP) IS ON BEHALF OF AN ORGANISATION, THE ENCLOSED FORM OF ENDURING PROXY MAY BE COMPLETED AND RETURNED WITH THE APPLICATION. THIS INSTITUTE SHALL RETAIN THAT PROXY UNTIL SUCH TIME AS IT IS RESCINDED OR SUPERSEDED BY A PROPERLY EXECUTED PROXY AT SOME LATER DATE.