



**APPLICATION FOR CORPORATE MEMBERSHIP**

**Company/Organisation Name**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Corporate membership category:**

	<i>Gross annual revenue</i>	<i>Annual fee</i>
<input type="checkbox"/> I	Less than \$10 million	\$1,000
<input type="checkbox"/> II	Between \$10 million and \$50 million	\$2,500
<input type="checkbox"/> III	Between \$50 million and \$100 million	\$3,500
<input type="checkbox"/> IV	Over \$100 million	\$5,000

(Please tick one)

**We enclose the membership fee of \$** \_\_\_\_\_

**We are unable to join at this time but would like to support the work of the Institute.**

**Please find enclosed a donation of \$** \_\_\_\_\_

(Please tick one)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Job Title

PLEASE RETURN THE COMPLETED FORM WITH YOUR FEE OR DONATION TO THE ADDRESS SHOWN ABOVE

**For official use only**

Date Received: \_\_\_\_\_

Approval Granted: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Issued on: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_