



ARI NSW INDIVIDUAL MEMBERSHIP APPLICATION FORM

2017 - 2018

Member Details

Organisation:.....

Title:.....

First Name:.....

Surname:.....

Position:.....

Postal Address:
.....
.....

Street Address:
.....
.....

Gender: Male Female

Telephone:

Mobile:.....

E-mail:
.....

Payment Details

Professional Membership Fee: \$160 (+ GST)

Direct Deposit: CBA: Aquatic and Recreation
Institute BSB: 062-545 Acc# 10051289

Request an invoice to be raised.

Purchase Order No:
.....

Enclosed is a cheque for \$
.....

*Cheques should be made payable to the **Aquatic & Recreation Institute***

Declaration

I confirm that the individuals as detailed in this application wish to apply for membership on behalf of the organisation as indicated above, and declare the information provided is a true and accurate statement of eligibility for membership.

I agree to abide by the ARI Constitution, By-Laws and Rules. By signing below I acknowledge that I agree to my information being collected and used for communication purposes from the ARI and ALFA. Full information can be viewed at www.arinsw.com.au.

Signed:

Date: / /

ARI NSW: PO BOX 7283 Warringah Mall NSW 2100

0414 659 389 eo@aquaticinstitute.com.au

www.arinsw.com.au

ABN 71 003 001 447