



ARI NSW ORGANISATIONAL MEMBERSHIP APPLICATION FORM 2017-2018

Principal Member Details

Organisation:
Title:
First Name:
Surname:
Position:
Postal Address:
Street Address:
Gender: Male Female
Telephone:
Mobile:
E-mail:
Website:

Additional Member Details

Title:
First Name:
Surname:
Position:
Gender: Male Female
Telephone:
Mobile:
E-mail:

Additional Member Details

Title:
First Name:
Surname:
Position:
Gender: Male Female
Telephone:
Mobile:
E-mail:

Additional Member Details

Title:
First Name:
Surname:
Position:
Gender: Male Female
Telephone:
Mobile:
E-mail:

Payment Details

Professional Membership Fee: \$600 + 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 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: / /