



STUDENT MEMBERSHIP APPLICATION

Please complete this application form in full and return this form via reply email.

Student Membership is available to any person who is currently studying full-time for a business qualification and provides written evidence of course details and a copy of their student card. Fee: \$40

TITLE [select]:	<input type="radio"/> Ms	<input type="radio"/> Miss	<input type="radio"/> Mrs	<input type="radio"/> Mr
SURNAME:				
GIVEN NAMES:			PREFERRED NAME:	
PRIVATE ADDRESS:				
		STATE:		POST CODE:
TELEPHONE:				
MOBILE:			FAX:	
PREFERRED EMAIL:				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
		STATE:		POST CODE:
TITLE/POSITION HELD:				
NAME OF COURSE:				
COURSE PROVIDER:				
STUDENT ID				
COURSE START DATE:		COURSE END DATE:		

Please ensure you have supplied all supporting documentation for your application to be processed.

I declare that the information provided in this application is correct and I agree to abide by the Constitution of the Australian Institute of Office Professionals. Please refer to our Privacy Statement, a copy of which is located on our website (www.aiop.com.au).

SIGNATURE: _____

DATE: _____

Please return your form to membership@aiop.com.au,
or if you require assistance, please contact AIOP on **0416.058.137**.

AIOP NATIONAL SECRETARIAT
PO BOX 548, SOUTH PERTH WA 6951