

APPLICATION SUBMISSION

Applications for admission to the Institute, with a cheque for the Registration Fee or Associate Subscription made payable to the AIEF, should be sent to:

Ms. Kathy Griffiths
Manager – Member Services
Australasian Institute of Enterprise Facilitators
PO Box 107 Ashburton
Melbourne
Victoria Australia 3146

E-mail: info@aief.org.au

Dr/Mr/Mrs/Miss/Ms: _____

Surname _____

Given Name _____

Preferred Address: _____

Postcode: _____

Tel: _____

Fax: _____

E-mail: _____

UNDERTAKING BY APPLICANT

I wish to join the Institute of Enterprise Facilitators because . . .

I agree in the event of my being admitted I shall abide by the Institute Code of Conduct, which I have read, and undertake to conform to the Institute's Professional Development requirements, and to ensure that I am covered by a policy of Professional Indemnity Insurance throughout my period of membership.

I attach my current Curriculum Vitae that highlights my business experience.

I certify that all statements made by me in this application and any attached documents are true and complete. I have read the criteria for membership and believe I qualify at the following grade: (please tick)

ASSOCIATE \$137.50

MEMBER \$325.00 (\$200.00 Annual Fee plus \$125.00 Joining Fee)

I enclose a cheque made out to the Australasian Institute of Enterprise Facilitators.

I agree, if admitted, to pay promptly all future annual subscriptions appropriate to the grade of membership.

Signature: _____

Date: _____

STATEMENTS BY THE PROPOSER AND SECONDER

We recommend the applicant as a fit and proper candidate for admission to the Institute.

Name of Proposer _____ (BLOCK Letters)

Tel: _____ Fax: _____

E-mail: _____

Signature: _____

Organisation: _____ Date: _____

Name of Seconder: _____ (BLOCK Letters)

Tel: _____ Fax: _____

E-mail: _____

Signature: _____

Organisation: _____ Date: _____

Name and Address of Business/Employer: _____

MEMBERSHIP OF OTHER RELEVANT BODIES

<i>Dates</i>	<i>Name of Body</i>	<i>Offices held</i>

FIELDS OF BUSINESS EXPERTISE YOU OFFER TO SMALL/MEDIUM ENTERPRISES

YOUR AREAS OF EXPERTISE(Tick 6 maximum)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Employment/IR | <input type="checkbox"/> Marketing | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Advertising/PR | <input type="checkbox"/> Exec. Recruitment | <input type="checkbox"/> Management Training | <input type="checkbox"/> Quality Controls |
| <input type="checkbox"/> Acquisitions | <input type="checkbox"/> Export/Import | <input type="checkbox"/> Manufacturing Processes | <input type="checkbox"/> Raising Finance |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Franchising | <input type="checkbox"/> Money Management | <input type="checkbox"/> Recruitment/Selection |
| <input type="checkbox"/> Company Formations | <input type="checkbox"/> General Management | <input type="checkbox"/> Patents/Licensing | <input type="checkbox"/> Research/Development |
| <input type="checkbox"/> Computers/IT | <input type="checkbox"/> Import Procedures | <input type="checkbox"/> Payment Systems | <input type="checkbox"/> Sales/Promotion |
| <input type="checkbox"/> Costing/Controls | <input type="checkbox"/> Insurance | <input type="checkbox"/> Personnel/HRM | <input type="checkbox"/> Training Skills Analysis |
| <input type="checkbox"/> Debt Counselling | <input type="checkbox"/> Legal | <input type="checkbox"/> Production | <input type="checkbox"/> Up-front Training |
| <input type="checkbox"/> Other - Please Specify: _____ | | | |

INDUSTRY AREAS (Tick 6 maximum)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Clothing/Textiles | <input type="checkbox"/> Retailing | <input type="checkbox"/> Government |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Community Service | <input type="checkbox"/> Hotel/Catering | <input type="checkbox"/> Services |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Computers/IT | <input type="checkbox"/> Media Press/TV | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Consulting | <input type="checkbox"/> Not-For-Profit | <input type="checkbox"/> Tourism/Leisure |
| <input type="checkbox"/> Building/Construc | <input type="checkbox"/> Education | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Chemicals/Plastics | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Printing/Publishing | <input type="checkbox"/> Training |
| <input type="checkbox"/> Cleaning/Industria | <input type="checkbox"/> Franchises | | |
| <input type="checkbox"/> Other - Please Specify: _____ | | | |

AIEF ADMINISTRATIVE USE

MEMBERSHIP PANEL

CHAIR: Name: _____

Signature: _____

BOARD MEMBER: Name: _____

Signature: _____

BOARD MEMBER: Name: _____

Signature: _____

Date: _____

Recommendation of Membership Committee
APPROVED

• APPROVED

• NOT

AIEF Grade Awarded

• ASSOCIATE

• MEMBER

Comments (if appropriate)

Administrative records:

Fee due: \$ _____

Registration fee received:

• YES

• NO

• SEND INVOICE