

# Australian Institute of Conveyancers (NT Division)

I hereby apply for Membership for:

Ordinary Member @ \$175.00/year

Student @ \$87.50/year

Surname		Given Names	
Occupation			
Qualification/s Or Course and year level			
Business Name			
Address			
		Postcode	
DX Box Number		DX Exchange	
Telephone		Fax No	
Email Address		Date of Birth	
Home Address			
Postcode		Telephone	
Preferred Mailing Lists	DX Box <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> _____		
Details of membership of other professional bodies:			
Date of first issue of licence/ registration		Licence/ registration number	
If a licence/registration is or has been held in a State or Territory other than that in which this application is made, please give details			
Have you every been refused a licence/registration or has a Licence/registration you have held ever been cancelled? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If 'YES', please give details	NB: Please attach evidence of licensing registration.		

**PROPOSER:**

<b>1. Full Name</b>		<b>Telephone No</b>	
<b>Signature</b>			

**SECONDER:**

<b>2. Full Name</b>		<b>Telephone No</b>	
<b>Signature</b>			

**MEMBERSHIP SUBSCRIPTION:**

I enclose one year's Membership fee

\$ \_\_\_\_\_

**TOTAL ENCLOSED:**

Signature of applicant \_\_\_\_\_ Dated \_\_\_\_\_

Please post to:

Australian Institute of Conveyancers (NT)  
 GPO Box 1805  
 DARWIN NT 0801

*For office use only:*

Date received		Form completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fee received	YES <input type="checkbox"/> NO <input type="checkbox"/> Receipt No:	\$		
Referees contacted	1. YES <input type="checkbox"/> NO <input type="checkbox"/>	2. YES <input type="checkbox"/> NO <input type="checkbox"/>		
Referees recommendation received	1. YES <input type="checkbox"/> NO <input type="checkbox"/>	2. YES <input type="checkbox"/> NO <input type="checkbox"/>		
Comments				
Date to Division Council				
Advice to National Council				
Membership database updated	YES <input type="checkbox"/> NO <input type="checkbox"/> Date:			
Letter sent to Member	YES <input type="checkbox"/> NO <input type="checkbox"/> Date:			
Certificate completed	YES <input type="checkbox"/> NO <input type="checkbox"/> Date:			
Comments				