



Professionals Australasia

MEMBERSHIP APPLICATION FORM

Please print or type when filling application. Provide all information requested. Membership not valid until payment is received.

Last Name		First Name		Middle Initial	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Dr <input type="radio"/> Prof	Professional Nominals
Position Title		Company / Employer				
Company Mailing Address		City		State / Province		Zip / Postal Code
Country	Telephone Number	Email Address		Birthdate: (Optional)		
For Company Membership Only <input type="checkbox"/> I am joining under new corporate membership		Primary Company Contact Person: (receives company invoice) _____ <input type="checkbox"/> I am joining under existing corporate membership (please specify) _____ _____		Membership Transfers I am replacing an existing corporate membership (please specify): _____ _____ _____ _____		Previous Member Names _____ _____ _____ _____ _____

Type of Industry (select only one)

<input type="checkbox"/> Aerospace <input type="checkbox"/> Agriculture / Forestry <input type="checkbox"/> Architecture / Engineering <input type="checkbox"/> Associations <input type="checkbox"/> Banking <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Consulting / Training <input type="checkbox"/> Data Processing <input type="checkbox"/> Education / Library <input type="checkbox"/> Electronic Commerce	<input type="checkbox"/> Employment <input type="checkbox"/> Financial Services <input type="checkbox"/> Food / Beverage <input type="checkbox"/> Forms Distributor <input type="checkbox"/> Forms Manufacturer <input type="checkbox"/> Government – C’lth <input type="checkbox"/> Government – Federal <input type="checkbox"/> Government – State <input type="checkbox"/> Government - Local <input type="checkbox"/> Healthcare / Medical	<input type="checkbox"/> Hospitality <input type="checkbox"/> Information Systems <input type="checkbox"/> Insurance <input type="checkbox"/> Internet / Web Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Non-profit Organisations <input type="checkbox"/> Petroleum <input type="checkbox"/> Pharmaceutical / Biotech <input type="checkbox"/> Printing / Graphics Services	<input type="checkbox"/> Records Storage <input type="checkbox"/> Research / Development <input type="checkbox"/> Retail / Merchandising <input type="checkbox"/> Service Company <input type="checkbox"/> Software – Data Capture <input type="checkbox"/> Software – Forms <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities / Gas / Electric <input type="checkbox"/> Other (specify): _____ _____
---	--	--	--

How did you hear about RIM Professionals Australasia?

<input type="checkbox"/> Co-worker/word of mouth <input type="checkbox"/> Direct mail <input type="checkbox"/> Magazine ad	<input type="checkbox"/> Magazine/news article <input type="checkbox"/> Internet search engine <input type="checkbox"/> Banner ad online	<input type="checkbox"/> Other website <input type="checkbox"/> Email/newsgroup <input type="checkbox"/> Industry publication	<input type="checkbox"/> Industry Conference/seminar <input type="checkbox"/> Other (specify): _____ _____
--	--	---	---



R·I·M
Professionals Australasia
MEMBERSHIP APPLICATION FORM

Sign me up – I want to start enjoying the benefits of membership in RIM Professionals Australasia today!

<p>Individual membership fees: Payments must be \$AUD</p> <p><input type="checkbox"/> \$331.82 (+GST if applicable) - Full Member</p> <p><input type="checkbox"/> \$ 90.91 (+GST if applicable) - Student</p> <p><input type="checkbox"/> \$ 90.91 (+GST if applicable) - Retired / Concessional</p>	<p>Corporate membership fees: (submit group with single payment indicate primary contact person) Payments must be \$AUD</p> <p><input type="checkbox"/> \$445.50 / Company– (+GST if applicable) for companies up to 3 nominees</p> <p><input type="checkbox"/> \$940.50 / Company - (+GST if applicable) for companies with 4 to 5 nominees</p> <p><input type="checkbox"/> \$1,350.00 / Company – (+GST if applicable) for companies with 6 to 9 nominees</p> <p><input type="checkbox"/> \$2,400.00/ member – (+GST if applicable) for companies with 10 to 20 nominees</p> <p><input type="checkbox"/> More than 20 prices on application</p>	<p>Membership Owned by:</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Company</p>		
<p>Three (3) easy ways to sign up for members</p> <p>Internet: www.rimpa.com.au : admin@rimpa.com.au Email: RIMPA Mail to: PO Box 581 Varsity Lakes QLD 4227 Australia</p>				
<p>EFT: Bank: CBA Branch: Queen Street, Brisbane BSB: 064-000 Account Number: 10776171 Bank Account Name: Records and Information Management Professionals Australasia Remittance advice must be emailed to finance@rimpa.com.au</p>				
<p>Method of payment:</p> <p>AMEX and Diners are not accepted</p>	<p><input type="checkbox"/> Cheque / Money Order (payable to RMAA)</p> <p><input type="checkbox"/> Visa</p>	<p><input type="checkbox"/> Please invoice me</p> <p><input type="checkbox"/> Mastercard</p>	<p><input type="checkbox"/> EFT (details above)</p>	<p><input type="checkbox"/> Purchase Order</p>
<p>Name on Card: _____</p> <p>Card Number: _____ Exp.Date: _____ CCV: _____</p> <p>Signature of Cardholder: _____</p>		<p>For Office Use Only</p>		
<p>Applicant Signature: _____</p>		<p>Date: _____</p>		<p>Branch: _____</p> <p>Membership Number: _____</p>
<p>Submit application with appropriate fees to:</p>		<p>RIM Professionals Australasia –PO Box 581, Varsity Lakes QLD 4227 Email admin@rimpa.com.au</p>		