



INTERNATIONAL MEMBERSHIP

APPLICATION FORM

YOUR DETAILS

Title *First Name(s)* _____

Surname _____ Date of Birth _____

Nationality _____ Sex: M F

Citizenship _____

Organisation _____

Business Address _____

Suburb _____ State _____ Postcode _____

Country _____

Tel _____ Fax _____

Mobile _____

Email _____

Personal Address _____

Suburb _____ State _____ Postcode _____

Country _____

Tel _____ Fax _____

Email _____

Preferred Postal: Business Personal Preferred Email: Business Personal

EMPLOYMENT HISTORY *(Please attach a separate sheet if required)*

Time in Current Position years and/or months Time in Previous Position years and/or months

Previous Position _____

Previous Organisation _____

Total years in Marketing years Total years in Management years

EDUCATIONAL QUALIFICATIONS *(You may select more than one)*

Unknown Advanced Diploma Graduate Certificate

None Associate Degree Graduate Diploma

Certificate Bachelor Degree Masters Degree

Advanced Certificate Major (please specify): _____ Doctorate Degree

Diploma _____

DECLARATION *(IMPORTANT! Please ensure you complete this Declaration)*

I hereby apply for membership of the Australian Marketing Institute (AMI) on the basis of the information provided on this form, and agree to accept the decision of the Institute on my eligibility for election to an appropriate grade of membership. If elected, I agree to abide by the Institute's Constitution and such alterations or amendments, including rates of subscription, as may be made from time to time, and also to abide by the provisions of the Institute's *Code of Professional Conduct*. I further acknowledge that the AMI is a Company Limited by Guarantee with liability limited to \$20 per member. I authorise the AMI to verify my qualifications or employment history by contacting any organisation or institution noted on this application, or by requiring me to submit such documents as considered necessary by the Institute. Anyone having given false information in order to obtain admission or upgrade with the Institute is liable for immediate expulsion.

Signature _____ Date _____

CERTIFIED PRACTISING MARKETER PROGRAM

Are you interested in the Certified Practising Marketer (CPM) Program?
Yes - please tick here for further information and an application form.



BRIEF SURVEY OF YOUR ORGANISATION

(Choose the most appropriate answer that best describes the business entity in which you work eg. for a large diversified corporation or multinational the measure relates to the relevant strategic unit that you are part of, not the whole corporate entity.)

EMPLOYEES

< 10 100 - 499 5,000 - 9,999

10 - 49 500 - 999 10,000 +

50 - 99 1,000 - 4,999

TURNOVER

< \$100K \$1M - \$5M \$100M - \$500M

\$100K - \$500K \$5M - \$20M \$500M - \$1Bn

\$500K - \$1M \$20M - \$100M > \$1Bn

COMPANY TYPE

Listed Public Government Partnership

Unlisted Public Non-Profit Sole Trader

Proprietary Limited Association

MAIN BUSINESS ACTIVITY

Advertising Health & Community Services Science & Technology

Communications Information Technology Sport & Recreation

Construction Manufacturing Telecommunications

Consulting Media & Entertainment Tourism & Hospitality

Education & Training Primary Industry Transport & Logistics

Finance, Banking, Insurance & Superannuation Professional Services Utilities

Food & Beverage Publishing & Printing Other (please specify): _____

Government & Defence Retail

MARKETING AREAS OF INTEREST *(You may select more than one)*

Advertising Experiential Marketing Professional Services

Business to Business Financial Services Public Relations

Communications Incentive Marketing Public Sector

Consumer Industrial Retail

Direct Marketing Internet Services

E-Business Marketing Metrics Other (please specify): _____

Ethics Market Research

PAYMENT DETAILS *(Please enclose the appropriate amount)*

Australian Marketing Institute ABN 30 000 026 586. This form constitutes a Tax Invoice upon receipt of payment.

Annual Membership Fee \$165 (INC GST)

PAYMENT AMOUNT

CHEQUE (Payable to 'Australian Marketing Institute')

CREDIT CARD AMEX VISA DINERS MASTERCARD BANKCARD

Credit Card Number _____ Expiry / _____

Name on Card _____

Signature _____

PLEASE POST WITH ALL ATTACHMENTS TO

Membership Services
AUSTRALIAN MARKETING INSTITUTE
 GPO Box 5295
 Sydney NSW 2001
 Tel: + 61 2 8256 1650
 Fax: + 61 2 8256 1655
 Email: membership@ami.org.au
 Website: www.ami.org.au

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