

APPLICATION FOR MEMBERSHIP INSTITUTE FOR INFORMATION MANAGEMENT LTD

RETURN TOGETHER WITH PAYMENT TO:

IIM LTD
99 Trentham SpringHill Rd
SPRING HILL VIC 3444

Phone +61 3 5424 8551

Email iim@iim.org.au Web <https://www.iim.org.au>

OFFICE USE ONLY:

M/SHIP NUMBER _____

DATE _____

INDIVIDUAL OR PRIMARY CORPORATE APPLICANT (Corporate Applicants - please list your Additional Nominees on reverse side)

SURNAME	MEMBERSHIP CATEGORY
GIVEN NAME/S	I/We hereby apply for the following Membership Category of IIM Ltd, and enclose my/our subscription fee accordingly.
MR/MS/MRS/MISS/OTHER	Pro-rata fee with membership expiring 30 th June following year.
POSITION	Membership Type
ORGANISATION	TOTAL PAYABLE (\$A GST Inclusive)
	Individual \$183.75
POSTAL ADDRESS	Full-time Student* / Retired \$45.00
SUBURB	Part-time Student* \$71.25
STATE	Limited Corporate User: 3 Nominees \$483.00
POSTCODE	Corporate User: 5 Nominees \$735.00
EMAIL ADDRESS	Additional Nominee (for Corporate Members who require more than five nominees) \$101.25
BUSINESS PHONE NUMBER ()	Corporate Vendor Organisation: 5 Nominees \$825.00
BUSINESS FAX NUMBER ()	SME Vendor: 3 Nominees \$540.00
MOBILE PHONE NUMBER	SME Vendor: 2 Nominees \$337.50
PRIVATE PHONE NUMBER ()	Institutional ** \$825.00
	Enterprise \$1,650.00
AFFILIATION WITH OTHER PROFESSIONAL BODIES	

PAYMENT

Membership cannot be confirmed until payment of subscription fees is received by IIM Ltd. Payment may be made by cheque payable to IIM Ltd (in Australian Dollars) or any major Credit Cards. If paying by Credit Card, please detail:

CARD TYPE ☐ AMEX ☐ MASTERCARD ☐ VISA

CARD NUMBER

EXPIRY DATE

CARDHOLDER'S NAME

(AS SHOWN ON CREDIT CARD)

AMOUNT BEING PAID \$

SIGNATURE

* Students enrolled in Information Management related courses.

** Institutional membership is open to any tertiary institution offering information management related courses.

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CORPORATE APPLICANTS - ADDITIONAL NOMINEES

(PRIMARY NOMINEE TO BE DETAILED ON REVERSE OF THIS PAGE)

NOMINEE 1

SURNAME

GIVEN NAME/S

MR/MS/MRS/MISS/OTHER

POSITION

POSTAL ADDRESS

(IF DIFFERENT TO MAIN CORPORATE ADDRESS)

SUBURB

STATE POSTCODE

EMAIL ADDRESS

BUSINESS PHONE NUMBER ()

BUSINESS FAX NUMBER ()

MOBILE PHONE NUMBER

PRIVATE PHONE NUMBER ()

AFFILIATION WITH OTHER PROFESSIONAL BODIES

NOMINEE 2

SURNAME

GIVEN NAME/S

MR/MS/MRS/MISS/OTHER

POSITION

POSTAL ADDRESS

(IF DIFFERENT TO MAIN CORPORATE ADDRESS)

SUBURB

STATE POSTCODE

EMAIL ADDRESS

BUSINESS PHONE NUMBER ()

BUSINESS FAX NUMBER ()

MOBILE PHONE NUMBER

PRIVATE PHONE NUMBER ()

AFFILIATION WITH OTHER PROFESSIONAL BODIES

CORPORATE APPLICANTS - ADDITIONAL NOMINEES

(PRIMARY NOMINEE TO BE DETAILED ON REVERSE OF THIS PAGE)

NOMINEE 3

SURNAME

GIVEN NAME/S

MR/MS/MRS/MISS/OTHER

POSITION

POSTAL ADDRESS

(IF DIFFERENT TO MAIN CORPORATE ADDRESS)

SUBURB

STATE POSTCODE

EMAIL ADDRESS

BUSINESS PHONE NUMBER ()

BUSINESS FAX NUMBER ()

MOBILE PHONE NUMBER

PRIVATE PHONE NUMBER ()

AFFILIATION WITH OTHER PROFESSIONAL BODIES

NOMINEE 4

SURNAME

GIVEN NAME/S

MR/MS/MRS/MISS/OTHER

POSITION

POSTAL ADDRESS

(IF DIFFERENT TO MAIN CORPORATE ADDRESS)

SUBURB

STATE POSTCODE

EMAIL ADDRESS

BUSINESS PHONE NUMBER ()

BUSINESS FAX NUMBER ()

MOBILE PHONE NUMBER

PRIVATE PHONE NUMBER ()

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