

ASSOCIATE MEMBER APPLICATION FORM



The Australian Institute of Superannuation Trustees is a national not-for-profit organisation and is the principal advocate and peak representative body for the \$700 billion profit-to-member superannuation sector. AIST plays a key role in policy development and is a leading provider of research.

AIST provides professional training and support for trustees and fund staff to help them meet the challenges of managing superannuation funds and advancing the interests of their fund members.

Each year, AIST hosts the Conference of Major Superannuation Funds (CMSF), in addition to numerous other industry conferences and events.

Visit www.aist.asn.au for AIST's:

- ▶ Mission and Vision
- ▶ Eligibility for membership
- ▶ Benefits, entitlements and services
- ▶ Constitution
- ▶ Privacy Statement

Eligibility for Associate Membership

Registration as an associate member with AIST is exclusive to:

- ▶ Organisations who are wholly owned by a representative profit-to-member superannuation fund or funds.
- ▶ Any regulator or government involved in the superannuation industry.

Associate Member Application Fees

The table below details the total fee payable in relation to the total number of representatives nominated.

Total headcount	Membership Fee (incl GST)
1 – 10	\$6,540
11 – 29	\$11,780
30 – 50	\$13,370
51 – 75	\$18,990
75 +	\$26,110

How to join

1. Complete the Associate Member Application Form
2. Sign the Declaration and Warranties incorporated in the registration form
3. Submit the form through PDF submission or;
4. Send the completed Associate Member Application accompanied by the total fee payable to:

Membership Team

AIST
Level 23, 150 Lonsdale Street
MELBOURNE VIC 3000

ORGANISATION DETAILS

Organisation Name

Address

Suburb

City

State

Postcode

Country

Postal Address

Suburb

City

State

Postcode

Country

Person authorised to register the organisation

Full Name

Job title/occupation

Telephone (BH)

Facsimile

Organisation Email[^]

[^] Correspondence sent by AIST will be sent to this email address (i.e. tax invoice, confirmation)

REGISTRATION OPTIONS

Total headcount

Membership Fee (incl GST)

1 - 10

\$6,540

11 - 29

\$11,780

30 - 50

\$13,370

51 - 75

\$18,990

75 +

\$26,110

TERMS AND CONDITIONS

DECLARATION AND WARRANTIES

I have read and understand the information provided in this application and on the AIST website and declare that:

- ▶ I am authorised to apply for AIST registration of the fund named on this form and make all undertakings required on this form and by the AIST Constitution;
- ▶ In the event of AIST winding up, the fund named on this form will cover its nominated representatives' obligation under the AIST Constitution to contribute a maximum of \$10 should the circumstances so require;
- ▶ I understand that the AIST Directors may at any time determine the rules that are to apply in respect of registration fees, including in circumstances where an organisation ceases its participation part way through the period covered by its registration fee;
- ▶ I agree to pay the participation fee.

PRIVACY STATEMENT

Privacy Policy

AIST understands and respects the importance of protecting the privacy of individuals and is committed to complying with the Australian Privacy Principles contained in the Privacy Act 1988. The way AIST handles your personal information is in accordance with the Privacy Act.

Use of Personal Information

Details of how we collect, use and disclose your personal information you provide to us via this form are available at:

<http://www.aist.asn.au/misc/privacy-policy/aist-privacy-policy.aspx>

I have read and agree to the terms and conditions listed on this page

Signature (please type your full name if electronic registration)

Name

Date (DD/MM/YYYY)

PAYMENT SUMMARY

Please note that registrations will not be processed if the information below is not complete:

Are you responsible for payment of this invoice?

YES

NO

If no, please provide details of the invoice payee:

Surname

First Name

Telephone / Mobile

Email

Registration Total

\$

PAYMENT DETAILS

Credit Card

EFT

Cheque

Credit Card

MasterCard Visa AMEX

I authorise AIST to debit my credit card with the above TOTOTAL AMOUNT.

Card Number

- - -

Name on Card

Expiry Date (MM/YY)

/

Signature (please type your full name if electronic registration)

Date (DD/MM/YYYY)

EFT

Please email a remittance advice citing the invoice number as the reference to info@aist.asn.au

Account Name: AIST Business Management

BSB: 083-004

Account Number: 86-569-8137

Bank: National Australia Bank

Cheque

Please make cheques payable to:

**Australian Institute of Superannuation Trustees
Level 23, 150 Lonsdale Street, Melbourne VIC 3000**

Phone: 61 3 8677 3800

Fax: 61 3 8677 3801

Email: info@aist.asn.au

SUBMIT REGISTRATION

This form becomes a Tax Invoice upon completion.