



Members Benefits Group

PREMIUM MEMBERSHIP APPLICATION FORM

INSTRUCTIONS TO THE APPLICANT:

- A. This application is to be completed by the individual person or company / union / club / association / business / organisation applying to become a member, as the answers to the following questions will determine the acceptance or declination of the application form.
- B. There is a duty on the Applicant to answer all questions accurately and fully, as all Statements shall form the basis of and be incorporated into any contract of insurance that may be issued.
- C. Please answer all the questions. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on the Applicant's letterhead.

1. Select the Membership Application Category:

Please tick all that apply:

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual - Student | <input type="checkbox"/> Individual – Teacher / Trainer / Assessor |
| <input type="checkbox"/> Registered Training Organisation (RTO) | <input type="checkbox"/> Registered Training Organisation (RTO) - CRICOS Registered |
| <input type="checkbox"/> Compliance Auditor | <input type="checkbox"/> Not sure – Please contact me |
| <input type="checkbox"/> (Tell Us) _____ | |

2. Personal Details:

Please complete all details:

Title/Prefix: _____ Given Names: _____

Surname: _____ Date of Birth: ____/____/____

Employer/Company: _____

ABN/ACN: _____

Job Title: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Business Phone: () _____ Mobile: _____

Home Phone: () _____ Fax: () _____

Email: _____ Web Address: _____

3. Additional Information:

4. Payment Details:

- Attach cheque payable to – **Members Benefits Group**
- Attach money order payable to – **Members Benefits Group**
- Please charge my Credit Card for:
\$
- MasterCard Visa

Exact name on card: _____

Card Number: _____

Expiry Date: _____ / _____ **CSC** _____

For MasterCard, Visa, the CSC is the last three digits in the signature area on the back of your card.



Signature of cardholder: _____

Date: _____ / _____ / _____

Membership Fees:

Fees are based on a 12 month financial year. Renewals will be sent accordingly.

Category	Price
Individual Student	\$65.00 (ex GST)
Teacher/Trainer	\$65.00 (ex GST)
Auditor	\$165.00 (ex GST)
RTO	\$165.00 (ex GST)

5. Declaration

I/We declare that the answers and information given by me/us in this application are true and correct in all respects.

I/We agree to be bound by the Membership Terms and Conditions of MBG, available at www.mbgonline.com.au.

I/We acknowledge that MBG, its agents and/or employees reserve the right to decline this application.



Applicant's Signature: _____

Date: _____ / _____ / _____

Applicant's Title: _____

ADDRESS FOR CORRESPONDENCE

Members Benefits Group, PO BOX 518, PORT MELBOURNE, VIC 3207

Phone: **1300 137 389**

Fax:

1300 138 950