



Membership Application Form

Member Contact

Title _____ First name _____
Last Name _____ Email _____
Phone _____ Mobile _____

Please provide photo ID as confirmation of your name and address.

Address details

Type Business Personal

Address _____
Suburb/City _____ Postcode _____
State _____ Country _____

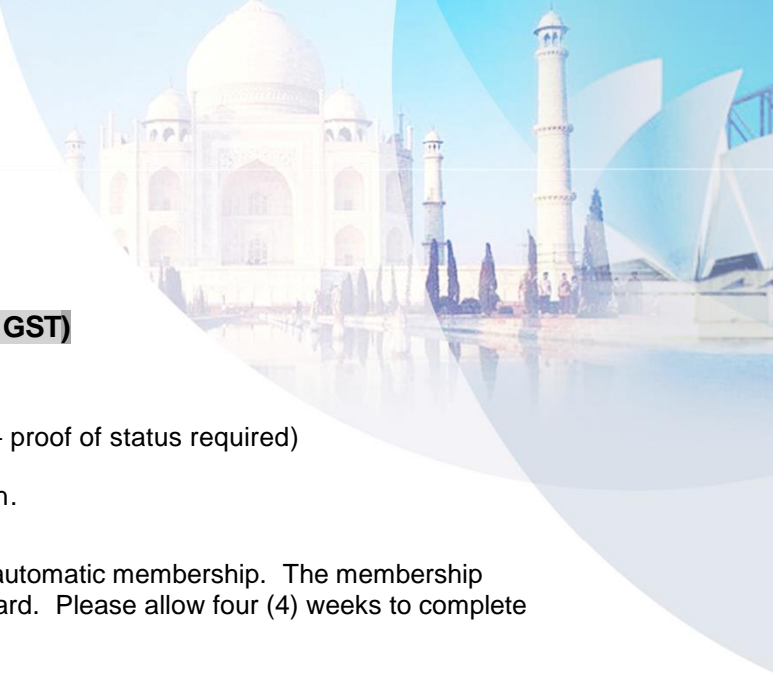
Please describe your experience and interest in India:

How did you learn about the AIBC?

Referred by contact (If so, whom): _____
 Attended Event (If so, name of event): _____
 Website/Internet: _____ Media Article _____
 Other (Please State): _____

Please let us know three benefits you wish to obtain from AIBC membership:

Please let us know how you could contribute to the AIBC:



Membership Category (all figures AUD inclusive of GST)

- \$165 **Individual**
- \$55 **Student** (full time on accredited courses – proof of status required)

Membership term is one year from the date of application.

Please note a new membership application does lead to automatic membership. The membership application form requires formal approval by the AIBC Board. Please allow four (4) weeks to complete the membership formalities.

Once we have received your application and the board has accepted your application an invoice will be generated and sent to you.

BEFORE SUBMITTING PLEASE FILL IN BELOW:

LinkedIn Details:

SIGNATURE:

NAME IN FULL:

DATE OF APPLICATION: