

AMInstitute Membership Upgrading Application

As these details are of a private and confidential nature, please PRINT out the completed form and forward to the above postal address or fax number.

★ Please click on one box of your choice.

Personal Information and Contact Details

Personal Information

Title:	First name:
Preferred Name:	Surname:
Preferred Region: (cross) <input type="checkbox"/> NSW/ACT, <input type="checkbox"/> QLD/NZ, <input type="checkbox"/> VIC/TAS, <input type="checkbox"/> SA/NT/WA	
DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Professional Development Stream: <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Both
Email:	Subscribe to email: Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name:

Title/Position: _____

Contact Numbers: please tick the preferred contact number

<input type="checkbox"/> Home:	<input type="checkbox"/> Work:
<input type="checkbox"/> Mobile:	<input type="checkbox"/> Facsimile:

PLEASE ENSURE YOU READ THE MEMBERSHIP CRITERIA BEFORE SELECTING YOUR NEW MEMBERSHIP GRADING. ALSO ATTACH EVIDENCE TO SUPPORT YOUR APPLICATION.

Previous Membership Category

Fellow Associate Fellow Member Associate Affiliate

Upgrade Membership Category to

Fellow Associate Fellow Member

Please provide details stating how you meet the criteria for the upgraded category.

Office Use Only

Membership Category Approved: Yes No
Date Approved: _____
Approved by: _____

THE AMInstitute MEMBERSHIP CATEGORISATION SYSTEM

Grade	Criteria	Postnominals
Fellow	A minimum of 15 years experience as a director or manager of a mutual ADI or other mutual Organisation; or a minimum of 10 years experience as a director or manager of a mutual ADI or other mutual Organisation & a minimum of 1 year as a mutual ADI or other mutual Organisation chief executive (or equivalent) or mutual ADI or other mutual Organisation chairman; or a minimum of 5 years experience as director or manager of a mutual ADI or other mutual Organisation & a minimum of 3 years as a mutual ADI or other mutual Organisation chief executive (or equivalent) or mutual ADI or other mutual Organisation chairman; or a minimum of 5 years experience as a director or manager of a mutual ADI or other mutual Organisation & successful completion of the <i>Diploma of Financial Services</i> FNS04 (Credit Union / Building Society Directorship) or recognised degree/ postgraduate diploma from an accredited educational institution.	FAMI
Associate Fellow	A minimum of 10 years experience as a director or manager of a mutual ADI or other mutual Organisation; or 5 years experience as a director or manager of a mutual ADI or other mutual Organisation & a minimum of 1 year as a mutual ADI or other mutual Organisation chairman or chief executive (or equivalent)	AFAMI
Member	A person holding the office of mutual ADI or other mutual Organisation director; or employed in a functional area of management in a mutual ADI or other mutual Organisation with decision-making powers that affect the objectives of the organisation.	MAMI
Associate	A person holding the position of mutual ADI or other mutual Organisation alternate or associate director; or A person who is employed in a mutual ADI or other mutual Organisation in a managerial, trainee managerial, or supervisory position, or in any other position deemed appropriate by the Board, but who does not meet the eligibility requirements to be a Member.	AAMI
Affiliate	A director or trustee, an alternate or associate director of a mutual ADI or other mutual Organisation service provider or credit union Foundation Australia Ltd; or A person who is a director or is employed in a managerial position in an organisation which conducts business with mutual ADI or other mutual Organisation; or A person employed in a managerial position in an organisation conducting business with mutual ADI or other mutual Organisation; or A person employed by an organisation representing mutual ADI or other mutual Organisation, a subsidiary or company related to that body in a functional area of management.	(none)

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Membership Category Approved: Yes No

Date Approved: _____

Approved by: _____