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APPLICATION FOR MEMBERSHIP

PAGE 1 OF 1

Complete and return to Institute of Claims Technicians Pty Ltd, GPO Box 1705, Brisbane Qld 4001
or Email admin@ictasn.com

1. PERSONAL DATA (PLEASE USE BLOCK CAPITALS)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss Other: _____
Surname	<input type="text"/>
First Names	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Country	<input type="text"/>
Email (Personal)	<input type="text"/>

2. EMPLOYMENT DATA

Employer's Name	<input type="text"/>		
Employer's Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Email (Business)	<input type="text"/>		
Position of applicant	<input type="text"/>		

3. APPLICANT DECLARATION

- i) I, the named applicant, apply for membership of the Institute of Claims Technicians (ICT). I have read, understood and agree with the terms and conditions set out in the Membership Agreement. I acknowledge that under the Membership Agreement, my admission as a member of ICT is subject to the discretion of the Institute of Claims Technicians Pty Ltd.
- ii) I am over 18 years of age.
- iii) I am engaged in claims handling/management
- iv) I agree to comply with the requirements of continuing professional development
- v) I have read the Institute's Privacy Policy available at <http://www.ictasn.com> and consent to the Institute's collection of personal and sensitive information supplied by me now and in the future.

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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4. ANNUAL MEMBERSHIP FEE

For the first calendar year, free subscription applies for QCT members.

Individual Rate: 1. **Provisional** – Free

2. **QCT** – Australia \$77 (inc GST) Overseas AUD \$70

3. **Senior QCT** - Australia \$110 (inc GST) Overseas AUD \$100