

Association of Private CRICOS VET Colleges of Australia (APCA)

Membership Application Form

The membership is open to all CRICOS VET providers in Australia. The APCA Executive Committee determines application for APCA membership from registered CRICOS VET providers in Australia based on its Constitution and bye laws. The request for membership is required to be made by CEO/PEO/ High Managerial Agent of the organisation. Please refer to APCA website for information about APCA and membership process.

Part A. CEO/PEO/High Managerial Agent

- Preferred Title Dr. Mr. Mrs. Ms. Miss Other
- Surname _____ • First Name(s): _____ • Middle Name(s) _____
- Date of Birth (dd/mm/yyyy) _____ • Gender Male Female Indeterminate
(OPTIONAL)
- Postal Address _____
- City/Suburb _____ • State _____
- Postcode _____ • Email _____
- Mobile Phone _____ • Phone (Office) _____

Part B. ORGANISATION DETAILS

- CRICOS Number _____ • RTO Number _____ • Website _____
- Company Name _____
- Trading Name _____
- Head Office Address _____ • City / Suburb _____
- State _____ • Postcode _____
- Email _____ • Phone (Office) _____

Part C. SUPPORTING DOCUMENTS

- The APCA Executive Committee determines an applicant's membership. Submit with your application along with the copies of following:
 - Evidence of payment of membership fees
 - Signed membership form

Part D. PAYMENT INFORMATION

- Membership Fees are non-refundable once the membership is approved.
- Membership fees is payable for each financial year.
- Preferred payment method for membership fees is bank transfer to APCA bank account directly.
Account Name: APCA BSB: 062 028 Account Number: 1220 2295

Annual Membership Fee: \$500 *

**Annual Membership fees can be changed subject to approval at the AGM*

Part E. DECLARATION BY CEO/PEO/ High Managerial Agent

- I hereby apply for membership of the APCA and if approved for membership, agree to comply with and be bound by the Constitution and By-laws of APCA. (Refer to APCA website)
- APCA reserves the right to inform membership status to relevant third parties, however, your personal details will remain confidential.
- I have read and understand the terms and conditions on this application form.
- I declare that all of the information provided by me on this form is true and correct.

Signature _____ Date: _____

Part F. Office Use Only

Approved Not Approved

Signature of the President _____ Date: _____