

# Membership Application

# ARCHITEAM

ArchiTeam Cooperative Limited  
Suite 16, 204-218 Dryburgh Street  
North Melbourne, Victoria 3051  
T: 03 9329 0033 F: 03 9329 0088  
W: architeam.net.au E: admin@architeam.net.au

## Fees

New member

On approval of your application, you will be provided with an invoice (Costs are inclusive of GST) for payment consisting of:

- |   |           |
|---|-----------|
| • One-off purchase of one (1) ArchiTeam Cooperative Ltd share | \$1.00    |
| • One-off Co-op joining fee                                   | \$55.00   |
| • Yearly Co-op membership fee                                 | \$313.50  |
| <hr/>   |           |
| Total   | \$ 369.50 |

Renewal

On approval of your application, you will be provided with an invoice (Costs are inclusive of GST) for payment consisting of:

- Yearly Co-op membership fee \$ 313.50

ArchiTeam Member Number: \_\_\_\_\_

## Agreement

I am applying for Ordinary Membership

(If you wish to apply for Insurance please complete the Insurance member application form)

I agree to pay all charges required by the Cooperative and to be bound by the rules and regulations of the Cooperative and by any alterations thereof registered in accordance with the Act.

These rules and regulations can be viewed online at [www.architeam.net.au/architeam-co-operative-rules](http://www.architeam.net.au/architeam-co-operative-rules)

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb \_\_\_\_\_

Practice Name: \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

ACN/ABN Number: \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone \_\_\_\_\_

Registration Number: \_\_\_\_\_ Fax \_\_\_\_\_

## Signatures

Applicants Signature:

Print Applicants Name:

Date \_\_\_\_\_

Witness's Signature:

Print Witness's Name: \_\_\_\_\_

Date \_\_\_\_\_

All principals, directors, partners or sole practitioners need to provide an up to date summary of their current CVs (two A4 page max). Please attach to your submission.