



AUSTRALIAN
INSTITUTE OF
OFFICE PROFESSIONALS

Membership Upgrade Application Form

Full Name: Miss/Ms/Mrs/Mr _____

Postal Address: _____

Tel No: (h) _____ (w) _____

Fax No: (h) _____ (w) _____

Email: _____

Employed by: _____

Address: _____

Position Held: _____

Grade of Membership Now Held: _____

Original Joining Date: _____

Grade of Membership Sought: _____

(a) Reason for Upgrading: _____
(i.e. education qualification and/or working experience)

(b) Evidence Attached: _____
(i.e. authorised copy of qualification and/or working experience)

Signature of Applicant: _____

Date: _____

I declare that the information provided in this application is correct and I agree to abide by the Constitution of the Australian Institute of Office Professionals, as amended from time to time. Please refer to our Privacy Statement, a copy of which is included in our Membership Kits, or located on our website (listed below). If you are unable to access our website, please call the Company Secretary on 1300 792 639 for a copy.

Please return to the Division Membership Officer in your Division.

Criteria for Membership Upgrade

Please refer to the attached list of Membership Grades for information with regard to upgrading your Membership.

www.aiop.com.au