

# RIMPA MEMBERSHIP APPLICATION FORM

Please print or type when filling application. Provide all information requested. Membership is valid after payment is received.

## MEMBER DETAILS

Last Name	First Name	Middle Initial
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	Birthdate <i>Optional</i>	
Position Title	Employer / Organisation	

## CONTACT DETAILS

Mailing Address	
City	State / Province
Zip /Postal Code	Country
Phone	Email Address

What type of Industry are you from?

How did you hear about RIMPA?

## INDIVIDUAL MEMBERSHIP FEES: Payments must be \$AUD:

- |  |   |
|--|---|
| <input type="checkbox"/> \$365.00 <b>Full Member</b> | <input type="checkbox"/> \$100 <b>Retired</b>               |
| <input type="checkbox"/> \$100 <b>Student*</b>       | <input type="checkbox"/> \$100 <b>Adverse Circumstances</b> |

\*verification required; NB first year without charge

## MEMBERSHIP FEE PAYMENT OPTIONS:

**Internet:** [www.rimpa.com.au](http://www.rimpa.com.au)  
**Email:** [admin@rimpa.com.au](mailto:admin@rimpa.com.au)  
**Mail to:** RIMPA  
PO Box 581 Varsity Lakes QLD 4227  
Australia

**If paying by EFT - email advice of this to [finance@rimpa.com.au](mailto:finance@rimpa.com.au)**

**Bank:** CBA  
**Branch:** Queen Street, Brisbane  
**BSB:** 064-000  
**Account Number:** 10776171  
**Bank Account Name:** Records and Information Management  
Professionals Australasia

☐ Select if a Purchase order is required

**Credit Card** NB: AMEX and Diners are not accepted ☐ Visa ☐ MasterCard

Name on Card		
Card Number	Expiry Date	CCV
Cardholder Signature		

Member Applicant Signature	Date
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