

RIMPA OVERSEAS CORPORATE MEMBERSHIP APPLICATION FORM

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

ORGANISATIONAL NAME

Corporate Contact Person

Email Address

Select only one: ☐ This is a new corporate membership
☐ This replaces an existing corporate membership - please remove this name

Name:

COMPANY/ORGANISATION PRIME CONTACT DETAILS

Last Name First Name Middle Initial

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof Birthdate *Optional*

Corporate Contact Person

Title Employer / Organisation

COMPANY CONTACT DETAILS

Mailing Address

City State / Province

Zip /Postal Code Country

Phone Email Address

CORPORATE NOMINEES DETAILS

Name

Name

Position Title

Position Title

Email Address

Email Address

Phone

Phone

State

State

Name

Name

Position Title

Position Title

Email Address

Email Address

Phone

Phone

State

State

RIMPA OVERSEAS CORPORATE MEMBERSHIP APPLICATION FORM

Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State
Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State

If you require more nominee details please contact admin@rimpa.com.au for further forms

What type of Industry are you from?

How did you hear about RIMPA?

CORPORATE MEMBERSHIP FEES: Payments must be \$AUD:

- | | |
|---|--|
| <input type="checkbox"/> \$450.00 Corporate A up to 3 Nominees | <input type="checkbox"/> \$950 Corporate B 4- 5 Nominees |
| <input type="checkbox"/> \$1359.99 Corporate C 6-9 Nominees | <input type="checkbox"/> \$2181.82 Corporate D 10-20 Nominees |

More than 20 nominee members - prices on application

MEMBERSHIP FEE PAYMENT OPTIONS:

Internet: www.rimpa.com.au
Email: 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

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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CORPORATE NOMINEES DETAILS

Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State
Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State
Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State
Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State
Name	Name
Position Title	Position Title
Email Address	Email Address
Phone	Phone
State	State