

# Membership Upgrade

Please complete form in BLOCK LETTERS. Payment **must** accompany form.



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## Personal Details

If you are not a current financial member, you need to renew or re-instate your membership before completing this form.

Your Master ID (if you do not have a Master ID please create one at [www.anziif.com](http://www.anziif.com))

Given Name

Middle Name

Family Name

Date of Birth

Mobile

Business Phone

Email

Business Name

## Fellowship CIP Criteria

The table found at [www.anziif.com](http://www.anziif.com) outlines how to become a Fellow and the Fellowship Passport points allocation system. A total of 100 points and a minimum of two years' insurance/finance industry work experience are required to be eligible for election to Fellowship, demonstrated by a letter from your employer.

Applicants will be required to supply certified documentation supporting their application. Demonstrating a course has been satisfactorily completed. A certified copy is a photocopy of the original document with the signature and official stamp of an appropriate authority, e.g. solicitor, principal, doctor, police officer, indicating that they have sighted the original. A photocopy or fax of a certified copy is not acceptable.

## Membership for Overseas Qualified Insurance Professionals

ANZIIF offers membership arrangements for graduates with overseas qualifications. The Overseas Qualification Table found at [www.anziif.com/overseasmembership](http://www.anziif.com/overseasmembership) lists all of the existing ANZIIF membership arrangements for overseas graduates.

Applicants will be required to supply certified documentation supporting their application. Demonstrating a course has been satisfactorily completed. A certified copy is a photocopy of the original document with the signature and official stamp of an appropriate authority, e.g. solicitor, principal, doctor, police officer, indicating that they have sighted the original. A photocopy or fax of a certified copy is not acceptable.

## Membership for Australia and New Zealand Insurance Professionals

If you have completed the ANZIIF examinations please provide the title of the ANZIIF course here:

## Privacy Statement

The Australian and New Zealand Institute of Insurance and Finance (ANZIIF) collects and stores your personal information for the purposes of providing membership services, providing education and training programs, improving and promoting products and services, meeting education regulatory reporting and compliance requirements, and promoting your membership status in various ways. For full details of our Privacy Policy refer to our website [www.anziif.com/about/privacy-statement](http://www.anziif.com/about/privacy-statement). ANZIIF produces lists of members and CIPs to promote membership/CIP status for circulation within the insurance industry and in ANZIIF publications (including in the *Journal* and on the ANZIIF website). Please indicate if you do not wish to have your name included on such lists by emailing [customerservice@anziif.com](mailto:customerservice@anziif.com).

Many employers support their staff membership. ANZIIF on occasions is asked to supply membership details to employers. Please indicate if you do not wish to have your details released to your employer by emailing [customerservice@anziif.com](mailto:customerservice@anziif.com), quoting your Master ID and advising that you do not agree to ANZIIF releasing your membership details to your employer this year.

All ANZIIF members are bound by the ANZIIF's Constitution, Regulations, Code of Ethics and Standards of Professional Conduct. These can be accessed at [www.anziif.com/about/governance](http://www.anziif.com/about/governance). Payment of the annual membership fees implies agreement to abiding by these ANZIIF membership requirements.

## Declaration

I declare that to the best of my knowledge the information supplied in this form is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my membership may result in withdrawal of my membership, at the discretion of ANZIIF. I agree to abide by ANZIIF's Constitution, Regulations, Code of Ethics and Standards of Professional Conduct.

Signature

Date

Please return this completed membership form with correct fee to the Australian and New Zealand Institute of Insurance and Finance.

Email:

[customerservice@anziif.com](mailto:customerservice@anziif.com)

**This acts as a tax invoice upon payment of the fee.**

ABN 56 004 320 076