

MEMBERSHIP FORM

Trading Name: _____

COMPANY NAME: _____

RTO number: _____ CRICOS number: _____

Address: _____

Webpage: _____

Telephone: _____

CONTACT PERSON: _____

Email: _____

Mobile: _____

Membership fees:

- | | | |
|--------------------------|--------------------|--|
| <input type="checkbox"/> | Base membership | Fee: \$1,100.00 p.a. |
| <input type="checkbox"/> | Education Provider | <input type="checkbox"/> Associated Consultant |

Payment method:

Electronic Bill Payment

Account name: INDEPENDENT EDUCATION PROVIDERS OF AUSTRALIA LTD

BSB No. 063-182 **Account No.** 1150 3011

Please complete and return to **admin@iepa.com.au**

We will review your application and provide you with a written outcome.

Terms and Conditions:

☐ *I have read, understood and accepted the terms and conditions as found on the IEPA website.*