



AUSTRALASIAN INSTITUTE OF  
CHARTERED LOSS ADJUSTERS  
A.B.N. 18 074 804 167

## Application for AICLA Membership Elevation

Provisional to Affiliate

Ordinary to Affiliate

Affiliate to Associate

Associate to Fellow

To be eligible for AICLA Membership elevation, I understand that I must meet the criteria outlined in the **Qualifications for Classes of Membership** (refer [www.aicla.org](http://www.aicla.org))

Having met the criteria for elevation, I attach herewith evidence of relevant requirements (eg. Diploma of Financial Services (Loss Adjusters) modules) and CPD compliance (CPD record sheet available at [www.aicla.org](http://www.aicla.org)) of AICLA

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward completed form and attachments to:

Mr A O Libke  
Administrative Officer  
AICLA  
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Brisbane Qld 4001