



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)

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) 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