



AUSTRALASIAN INSTITUTE OF CHARTERED LOSS ADJUSTERS

A.B.N 18 074 804 167

MEMBERSHIP DATABASE CHANGE OF INFORMATION

To record changes in your employment or other details please complete the following advice. This form is a PDF file which can be filled out on screen, but it is not an electronic lodgement form.

This update must be signed by the member for the changes to be recorded. Please complete, print out, sign and return by post or fax.

Name of Member

Name of Employer

Employer's Address

Postcode

Telephone

Facsimile

Mobile

Email

Additional Information

Signed

Date

Please fax form to: +61 7 3221 7267

OR Post to:

A O Libke

Administrative Officer

Australasian Institute of Chartered Loss Adjusters

GPO Box 1705

BRISBANE QLD 4001