

THE INTERNATIONAL FEDERATION OF ADJUSTING ASSOCIATIONS

APPLICATION FOR ELECTION TO FELLOWSHIP

Please use **BLOCK CAPITALS**

Surname  Title

Given Names  DOB

Home Address

Country  Postcode   
Tel. No.   
Fax No.

Company Name & Address

Country  Postcode   
Tel. No.  Fax No.   
Email address:

AICLA qualification Associate   
Fellow

I **declare** that the above statements are true and that I am willing to be bound by the Code of Professional Conduct of the International Federation of Loss Adjusting Associations.

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

When completed this form should be returned with a cheque for:  
Australian Division Members  
New Zealand Division Members  
International Division Members

Please indicate  
 AUD\$66.00 (incl. GST)  
 NZD\$65.00  
 AUD\$60.00

to:  
**Australasian Institute of Chartered Loss Adjusters**  
GPO Box 1705  
BRISBANE QLD 4001  
AUSTRALIA

If paying by credit card please complete below:

Mastercard    VISA    Bankcard    Amex    Diners Club  
Please circle type of card

Cardholders Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_