



APPLICATION FOR CORPORATE MEMBERSHIP OF WOMEN IN
INSURANCE (VIC) (ASSOCIATION) (Max 50 persons)

Corporate Member Organisation name: _____
Address: _____
Telephone number: _____
Facsimile: _____
Contact person name: _____
Contact person position: _____
Contact person telephone number: _____
Contact person email address: _____

Industry Sector

Broker Government Sector Insurer Law Firm Risk Management Other

Having completed this application to become a Corporate Member Organisation and nominated up to 50 persons on the attached form to be Corporate Members of the Association, I understand:

1. that the application to become a Corporate Member Organisation will be reviewed by the Women in Insurance (Vic) Committee.
2. that the offer of membership to a Corporate Member Organisation will be at the sole discretion of the Committee and any decision made is final and absolute.
3. any membership will run for the financial year.
4. that a maximum of 50 persons from the Corporate Member Organisation (**nominated persons**) may (at the sole discretion of the Committee) be accepted for Corporate Membership as a benefit of the Corporate Member Organisation membership.
5. all nominated persons are either employer by, an officer of or a member of the Corporate Member Organisation
6. if any of the nominated persons are accepted for corporate membership and subsequently leave the Corporate Member Organisation in the membership year, they will remain Corporate Members of the Association.
7. the Corporate Member Organisation membership is not a sponsorship and does not entitle the entity to any benefits of sponsorship.
8. no voting rights vest in a Corporate Member Organisation member.

Following acceptance of this application for Corporate Member Organisation membership, I agree the Corporate Member Organisation will abide by the Constitution of Women In Insurance (Vic), a copy of can be obtained from www.wii.org.au. A summary of the purposes as the association is **attached**.

SIGNED: _____ DATED: _____

| | Full Name | Email address |
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For payment by credit card: please forward this form by email to membership@wii.org.au or post to PO Box 111, Collins Street West, 8007, VIC.

I hereby give authorisation to for Women in Insurance to debit **\$750** from the following credit card, upon the entity being granted Corporate Member Organisation membership of the Association:

MasterCard Visa

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Cardholder's Name: _____

Expiry Date: __ / __

Signature: _____

For payment by cheque: please make the cheque payable to Women In Insurance (Vic) and post with this form to PO Box 111, Collins Street West, 8007, Victoria.