



Affiliate Membership Application

Affiliate Membership is offered to persons working in industries ancillary to stockbroking and financial advising.

Applicant Details

Title _____ First Name(s) _____

Surname _____ Date of Birth _____

Home Address _____

_____ State _____ Postcode _____

Mobile _____

Work email (for database records) _____

Private email (in the event you change your place of work) _____

Employer Details (if relevant)

Name of Employer _____

Your position _____

Address _____

_____ State _____ Postcode _____

Work Telephone () _____

Membership Fees

Membership Type	Annual Membership Fee (incl. GST)	Postnominal
Affiliate	\$395.00	Affiliate Member of SAFAA (AfSAFAA)

Payment Details

Mastercard Visa Card American Express

Card Number: _____ Expiry Date: ____ / ____ CVV: _____

Cardholders Name: _____ Total: \$ _____

Cardholder's Signature: _____

Payment details must be supplied at time of application. Card will be charged and a tax receipt issued when the application is approved.



REASONS FOR SEEKING MEMBERSHIP

Please set out reasons why the Applicant is seeking to join the Association (*if insufficient space, please use an Annexure*):

Applicant Declaration

I agree to be bound by the terms and conditions of the Stockbrokers And Financial Advisers Association Constitution, Rules, Code of Ethical Conduct, and any policies and guidelines issued by the Stockbrokers And Financial Advisers Association (*as amended from time to time*).

Signed by applicant _____ Date _____

Please email completed application form to membership@stockbrokers.org.au

Membership is at the discretion of the Stockbrokers And Financial Advisers Association Board of Directors.

The Association complies with the Privacy Act 1988 in handling all information provided by members.