



## MEMBERSHIP APPLICATION – YOUNG PROFESSIONAL MEMBER

Young Professional membership is open to those developing a career in stockbroking and investment advice, including Associates; those in the Professional Year; Provisional Advisers; newly qualified Advisers; those in a support role; and those in research or corporate advisory.

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### 1. APPLICANT DETAILS

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

ASIC Financial Adviser No. (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_

Work email (for all communications) \_\_\_\_\_

Private email (in the event you cease to be an employee) \_\_\_\_\_

### 2. EMPLOYER DETAILS

Name \_\_\_\_\_

Your job title \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_

Name of AFSL Holder \_\_\_\_\_ AFSL No. \_\_\_\_\_

Your Authorised Representative No. (if applicable) \_\_\_\_\_



**3. MEMBERSHIP CRITERIA** - Please confirm you meet the following eligibility criteria

Membership Criteria	Yes	No
i. I am 35 years of age or under (but over 18 years of age)	<input type="checkbox"/>	<input type="checkbox"/>
ii. I am employed in stockbroking and investment advice	<input type="checkbox"/>	<input type="checkbox"/>
iii. I commit to all applicable CPD requirements	<input type="checkbox"/>	<input type="checkbox"/>
iv. I undertake to abide by SIAA's Code of Ethical Conduct	<input type="checkbox"/>	<input type="checkbox"/>
v. I agree to be subject to SIAA's Conduct Review & Disciplinary System	<input type="checkbox"/>	<input type="checkbox"/>
vi. I acknowledge that this class of membership provides no voting rights in respect to the affairs of SIAA.	<input type="checkbox"/>	<input type="checkbox"/>

**If you are in the Professional Year and over the age criteria, an attestation from your Manager or the Head of Advice from your firm (Page 6) is required as this category of membership is open to all of those in the Professional Year.**

**4. MEMBERSHIP REQUIREMENTS** – Please confirm you meet the following requirements

Membership Requirements	Yes
i. I meet the Stockbrokers and Investment Advisers Association guidelines for good fame and character. Please complete declaration on Page 4.	<input type="checkbox"/>
ii. I meet the Stockbrokers and Investment Advisers Association Membership Knowledge & Skills Requirement. Please complete declaration on Page 5.	<input type="checkbox"/>
iii. I confirm I am covered by Professional Indemnity Insurance. Under the Association's Code of Ethical Conduct, Members must obtain such PI insurance as may be required by law or any applicable rules.	<input type="checkbox"/>

**5. REASONS FOR SEEKING MEMBERSHIP**

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

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## 6. APPLICANT DECLARATION

I confirm that the information supplied in this application is complete and correct. I understand that any false or misleading information may lead to loss of membership.

I agree to read and be bound by the terms and conditions of the Stockbrokers and Investment Advisers Association Constitution and any policies and guidelines issued by the Stockbrokers and Investment Advisers Association (*as amended from time to time*).

Signed by applicant \_\_\_\_\_ Date \_\_\_\_\_

## 7. MEMBERSHIP FEES

Membership Type	Annual Membership Fee (incl. GST)	Postnominal
Young Professional	\$110.00	YPSIAA

## 8. PAYMENT DETAILS

- An invoice will be issued if your application is approved.
- You can call our office on 02 8080 3200 and our Member Services Manager will assist with payment.
- If you wish to pay by direct deposit, please ensure that you include the invoice number and your surname as the reference.
- The membership year runs from 1 October to 30 September every year.
- **If paying by credit card**, membership will automatically roll over after twelve months. Your membership fee will be charged to you at the time of renewal. The first year joining fee is not pro-rated. You can choose to opt out of auto renew at any time in your Member Portal on the SIAA website.

## 9. CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I agree that this information may be used by the Stockbrokers and Investment Advisers Association in the following ways:

a) The Stockbrokers and Investment Advisers Association Website b) Any editorial or other publications including Stockbrokers and Investment Advisers Association newsletters and promotional material. I further consent that the Stockbrokers and Investment Advisers Association may, in order to assist in the administration of its services, disclose my personal information to my employer organisation, including but not limited to information regarding the status of my membership.

Signed by the applicant \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_



## GOOD FAME & CHARACTER DECLARATION

I, \_\_\_\_\_ declare that within the last ten years, within Australia or Overseas, I have not been:

- refused the right, or been restricted in the right, to carry on any trade, business or profession for which a licence, registration, or authority is required by Law
- suspended from membership, or disciplined, by any securities, stock, futures, commodity, or other exchange
- refused membership by any securities, stock, futures, commodity, or other exchange
- refused membership of, or disciplined by, any professional body
- the subject of any findings, judgement or current proceeding, including findings, in relation to fraud, misrepresentation or dishonesty, in any administrative, civil, or criminal proceeding in any country
- convicted of an offence pursuant to the Corporations Act, or ASIC Act (or previous corresponding laws)
- the subject of any ASIC banning order, disqualification, or enforceable undertaking
- found not to be of good fame & character by ASIC (s. 913B), or any other regulatory agency relating to financial services
- engaged in the management of any company/business that have had a Corporations Act 2001 licence (or previous corresponding laws) registration revoked or suspended
- found to have hindered, obstructed or misled, or was not candid or truthful with, a regulatory agency relating to financial services
- found to be obstructive, misleading or untruthful in dealing with a court, tribunal, official inquiry, complaints handling body, dispute resolution body, or professional or industry body relating to financial services
- declared bankrupt

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

### Witness

Name \_\_\_\_\_

Address \_\_\_\_\_

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



## MEMBERSHIP KNOWLEDGE & SKILLS REQUIREMENT

Select one or more of the following.	Evidence attached	
	Yes	No
1. Holds a university degree and or higher academic qualification. The Board will consider the appropriateness of degrees on a case-by-case basis.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has successfully completed a Professional Standards-approved Bachelor Degree (AQF7) level or higher Academic qualification or hold an equivalent qualification	<input type="checkbox"/>	<input type="checkbox"/>

**All enquiries & applications should be directed to:**

**Stockbrokers and Investment Advisers Association Limited** (ACN 089 767 706)

Level 2, 74 Pitt Street, Sydney, NSW 2000a

Telephone: (02) 8080 3200

Email: [membership@stockbrokers.org.au](mailto:membership@stockbrokers.org.au)

Website: [www.stockbrokers.org.au](http://www.stockbrokers.org.au)

***Membership is at the discretion of the Stockbrokers and Investment Advisers Association Board of Directors.***

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



## Employer Attestation

To be completed if you are in the Professional Year and over the age criteria.

I certify that at the date of this application \_\_\_\_\_ (applicant name) is  
an employee of \_\_\_\_\_ (firm name).

I confirm that the applicant is:

- ☐ in their Professional Year
- ☐ a Provisional Adviser
- ☐ a newly qualified Adviser
- ☐ in a support role
- ☐ in research or corporate advisory

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

This form must be signed by one of the following representatives of the firm.

Please select:

- ☐ Director
- ☐ Company Secretary
- ☐ Compliance Officer
- ☐ Head of Advice