

STUDENT MEMBER APPLICATION FORM

1.	Surname Ms/Miss/Mrs/Mr	("The Applicant")
2.	Given Names	
3.	Previous Names (if applicable)	
4.	Residential Address	
	Telephone	
	Email Address	
5	Course Provider	
	Address	
6.	Name of Course	
7.	Commencement Date	
	Proposed Completion Date	
8.	Current Employment in convey	cing industry Full Time / Part Time / Casual
9.	Current Employer	
10.	Employer's Address	
11.	Current Position	
12.	Current Responsibilities	
I, the	Applicant, undertake to advise	e AIC (Vic Div) when I have completed my course.
Signe	ad.	
SIBITO	· · · · · · · · · · · · · · · · · · ·	
Date	d:	

Please provide a copy of your current student ID card

Australian Institute of Conveyancers (Vic. Div) Inc Suite 1, Level 7, 167 Queen Street, Melbourne, 3000 PH: 03 9328 8175

Email: admin@aicvic.com.au Website: www.aicvic.com.au