



ASSOCIATION OF  
ACCOUNTING TECHNICIANS

## APPLICATION FOR STUDENT MEMBERSHIP

### Introductory Notes:

Student membership is available to anyone studying a certificate (or higher) in an accounting program at TAFE, University or a Registered Training Organisation. Student Membership is the first step on the path towards AAT Australia membership and all the advantages that this brings. Once you have registered as a student you will have access to our members only section of our website at [www.aat.org.au](http://www.aat.org.au) which includes information about achieving AAT Australia membership, technical advice, professional development courses and exclusive member offers.

If you have any queries about completing this form, please contact the AAT Australia on freecall 1800 000 961, by fax on (03) 8665 3130 or by email at [membership@aat.org.au](mailto:membership@aat.org.au). Please complete this application form in BLOCK LETTERS.

### Personal Details:

Title:  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname | Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_

Town | Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred email address: \_\_\_\_\_

Please notify AAT Australia immediately if you change your name or contact details at any stage.

### Education:

Please provide information about the educational course you are currently undertaking.

Education provider: \_\_\_\_\_

Course name: \_\_\_\_\_

Length of course: \_\_\_\_\_

Please indicate if you are:  Full-time  Part-time Anticipated month/year of completion: \_\_\_\_ \_\_\_\_ | \_\_\_\_ \_\_\_\_

### Source of Information:

How did you hear about AAT Australia?

Existing AAT Aust. member:   Employer  Education Provider

Visit by AAT Australia:   Advertisement  Expo | AAT Australia event

Other (please specify): \_\_\_\_\_



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### Employment:

If you are currently employed in the accounting industry, please provide details of your employment.

Company: \_\_\_\_\_

Job title: \_\_\_\_\_ Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town | Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone number: ( \_\_\_\_ ) \_\_\_\_\_ Fax number: ( \_\_\_\_ ) \_\_\_\_\_

Years with current employer : \_\_\_\_\_

### Privacy Act:

The AAT Australia is subject to the Privacy Act 1986 and abides by the National Privacy Principles (NPP). For the purposes of administering your membership, AAT Australia will require that you provide us with personal information. AAT Australia commits to protecting your privacy. Your personal information will not be sold to any third party commercial operator. However, AAT Australia may provide you with details and information, including in electronic format, from its commercial partners. If you would like to exempt yourself, as far as this is practicable, from receiving such information please indicate below.

If you do NOT want us to send you any promotions and the like from commercial partners of AAT Australia, please tick here:

(This however does not exempt you from receiving information from AAT Australia, the National Institute of Accountants (NIA), or where required by law. AAT Australia may also be required to release your details to Statutory Authorities).

### Declaration:

I declare that the information given in this form is correct.

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

### Payment Methods:

You can pay your application fee by the following methods:

Cheque | Money Order: Please make payable to the Association of Accounting Technicians.

Credit Card: We accept American Express, Mastercard, Visa. Please complete the details below.

Please enclose your payment with this application form.

Please charge my:  American Express  Mastercard  Visa

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_ | \_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Amount (AUD): \$30.00

Please keep a copy of this application form and return this original to the AAT Australia - GPO Box 1637, Melbourne, VIC, 3001. This becomes a TAX INVOICE upon payment.