



AUSTRALASIAN INSTITUTE OF CHARTERED LOSS ADJUSTERS

ABN 18 074 804 167

APPLICATION FOR AICLA MEMBERSHIP ELEVATION

To be eligible for AICLA Membership elevation, I understand that I must meet the criteria outlined in the **Qualifications for Classes of Membership** (refer www.aicla.org)

<input type="checkbox"/> Provisional to Affiliate/Associate	<input type="checkbox"/> Affiliate to Associate
<input type="checkbox"/> Ordinary to Affiliate/Associate	<input type="checkbox"/> Associate to Fellow

Having met the criteria for elevation, I attach herewith evidence of relevant requirements (eg. Diploma of Loss Adjusting module results) and CPD Accreditation (CPD record sheet available at www.aicla.org)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other: _____
Family Name	<input type="text"/>				
First Names	<input type="text"/>				
Employer	<input type="text"/>				
Email Address	<input type="text"/>				
Comments	<input type="text"/>				
Email Address (Personal)	<input type="text"/>				
Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please forward completed form and attachments to:

Post:
Australasian Institute of Chartered Loss Adjusters
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