



AUSTRALASIAN INSTITUTE OF CHARTERED LOSS ADJUSTERS

ABN 18 074 804 167

MEMBERSHIP DATABASE CHANGE OF INFORMATION

To record changes in your employment or other details please complete the following advice. This form is a PDF file which can be filled out on screen, but it is not an electronic lodgement form.

This update must be signed by the member for the changes to be recorded. Please complete, print out, sign and return by post, fax or email.

Name of Member	<input type="text"/>		
Name of Employer	<input type="text"/>		
Employer's Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone	(<input type="text"/>)	<input type="text"/>	
Facsimile	(<input type="text"/>)	<input type="text"/>	
Mobile	<input type="text"/>		
Email - Work	<input type="text"/>		
Email - Personal	<input type="text"/>		
Additional Information	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Please forward completed form to:

Post:
Australasian Institute of Chartered Loss Adjusters
Mr A O Libke, Chief Executive
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Australia 4001

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+61 7 3221 7267

