



MIA MEMBERSHIP

I wish to apply for:

MEMBER (Commercial)

This category is for RMAs who are registered with the Office of the MARA as a fee-charging agent.

MEMBER (Non Commercial)

This category is for RMAs who are registered with the Office of the MARA as a non fee-charging agent.

APPLICANT DETAILS

Family Name:		Title: (circle) Mr Mrs Ms Dr			
Given Name/s:					
Name on MARA Registration, if different from above					
Employment Status	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer
Gender:			Date of Birth (DD/MM/YYYY)		

NOMINATION BY TWO FINANCIAL MEMBERS OF THE MIA

PROPOSER

Name: _____
MIA Member No: _____
Signed: _____
Date: _____

SECONDER

Name: _____
MIA Member No: _____
Signed: _____
Date: _____

NOTE: If you do not know two financial members of the MIA to propose and second your application, please include a covering note to inform us and we will organise nominations for you.

PAYMENT BY

Cheque Enclosed payment of \$

Note: Cheque or Money order payable to MIA

Credit Card Please charge \$ _____ to my Credit Card (Visa/Mastercard ONLY)

Card No: _____ / _____ Exp: _____ / _____

Card Holders Name (print): _____ Signature: _____

Post to: MIA, PO BOX Q102, QVB Post Office, NSW 1230 | Fax to: MIA at (02) 9279 3172 | Email to: info@mia.org.au



INFORMATION FOR MIA DATA BASE AND MEMBER LISTING

Business Name:		ABN:
Business Address:		
		Postcode:
Postal Business Address: [<input type="checkbox"/> same as above]		
		Postcode:
Phone: ()	Fax: ()	Mobile:
Email:	Website:	
MARA Number:	Date of Expiry:	
Position in company:		
Do you hold a current legal practising certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business offer services as an Education Agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you speak any languages other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please list:</i>		
Have you or any member of your firm (or firms you are affiliated with) been, to the best of your knowledge, subject to: bankruptcy, receivership, placed under official management, being wound up, official investigation, charges or convictions within the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please attach details</i>		

MEMBERSHIP AGREEMENT

- ✓ The information above is correct and I agree to this information being listed in the MIA database.
- ✓ I agree to my email address being used for distribution by the MIA to me of News Bulletins and other information in relation to my Membership of the MIA and benefits and services of the MIA.
- ✓ I agree to provide any updates of this information to the MIA in a timely manner.
- ✓ If admitted as a member of the Migration Institute of Australia I will actively support the Institute’s Objects and Code of Ethics and Practice.
- ✓ I am prepared to co-operate with the MIA in an investigation should a complaint be brought against me or my practice entity.

Signature: _____ Date: _____

DOCUMENTS TO BE ATTACHED

1. Copy of Registration Certificate from the MARA – or a printout from the MARA Online Register
2. A short CV covering your education and employment over the last 10 years.