

**A.I.S.M.M.**

**CORPORATE MEMBERSHIP APPLICATION**



**DETAILS**

COMPANY \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

e-mail \_\_\_\_\_

**Title**      ð Mr      ð Mrs      ð Ms      ð Miss      Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile \_\_\_\_\_ e-mail \_\_\_\_\_

\_\_\_\_\_

Continued over.....or below .....

***Post /Fax your application or reply via  
E-mail to:***

**THE AUSTRALIAN INSTITUTE OF SALES, MARKETING AND MANAGEMENT**

**Free post - PO BOX 656, WILLOUGHBY 2068 – Sydney NSW**

**Phone: 02 9413 9717**

**Fax : 02 9413 9719**

**E-MAIL: [admin@smm.com.au](mailto:admin@smm.com.au) – [www.smm.com.au](http://www.smm.com.au)**



**A.I.S.M.M.**

**PERSONAL MEMBERSHIP APPLICATION**



**Personal Details**

**(Please note ...The name you write below is the one that will appear on your Diploma / certificates ! )**

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile \_\_\_\_\_ e-mail \_\_\_\_\_

Qualifications \_\_\_\_\_

If you were encouraged to apply for membership by an existing member, please give their name?

Member's Name \_\_\_\_\_

**Current Employment Details**

I/C

Position \_\_\_\_\_ Held Since \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

e-mail \_\_\_\_\_

Brief Summary of Your Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Preferred Address for Correspondence     Home Address     Business Address

Continued over.....or below .....

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