

## **Membership Application Form**

Name:					
Position:					
Organisation:					
Type of Fund:	ype of Fund: 🗾 Corporate Fund 📃 Public Sector Fund 📃 Industry Fund				
	Other (please specify)				
Postal address:					
Phone:					
Email:					
Membership Type	e				
Individual/Associate Member Covers one employee		\$933(incl. GST)			
<b>Corporate Member</b> Covers all employees (Funds with under 100 employees)		\$6,710 (incl. GST)			
<b>Corporate Member</b> Covers all employees (Funds with 100-500 employees)		\$10,150 (incl. GST)			
<b>Corporate Member</b> Covers all employees (Funds with over 500 employees)		\$12,100 (incl. GST)			
Preferred Method	of Payment				
Card Type: Ma	astercard Visa	Amex	Please note that credit card payments will incur a 1.5% fee.		
Card Number:					
Card Holder:					
Expiry Date:	Diry Date: Amex ID:				
Signature:					
Date:					
<b>EFT</b> (Please reference member's name when making payment)			<b>Cheque</b> (payable to Fund Executives Association Ltd)		
BANK OF QUEENSLAND (BOQ) Account Name: Fund Executives Association Limited BSB: 122 748 Account Number: 231 84 765			Please invoice separately		
ACN 086 016 131	S ASSOCIATION LIMITED	l 38, 300 Baranga	aroo Avenue, Sydney NSW 2000 Australia		

## FEAL Corporate Membership Nomination Form

Corporate Membership was established to make it easier for funds to open the FEAL network to the organisation's entire leadership team. There is no limit to the number of executive or high-potential employees you may nominate. The individuals nominated below will receive regular FEAL Member communication including invitations to participate in FEAL events, scholarships and programs.

FEAL

## NAME OF ORGANISATION:

NAME	POSITION	EMAIL	PHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please feel welcome to attach the contact details of additional executives as required. To assist with administrative matters and queries, please provide the contact details for a person who can handle administrative enquiries on behalf of the fund. Please also provide details for the fund's HR Manager (or equivalent).

NAME	POSITION	EMAIL	PHONE
Administration contact:			
HR Manager or equivalent:			