

Membership Application 2011-2012

Refer "Invitation for Membership" brochure for details



Membership Category Sought (tick one box only)

- Industry Associate Membership (for employers, unions, industry associations, peak bodies or service providers)
- Training Provider Affiliate Membership (for education and registered training organisations)
(Please provide a copy of your Scope of Registration Certificate)
- Affiliate Individual Membership (for individuals associated with the industry)

Member Details, declaration and undertaking

I apply for membership of the CSH ITAB. Whilst a member, I undertake to:

- support the objectives of the CSH ITAB
- be bound by the constitution of the CSH ITAB and decisions of the CSH ITAB Board
- maintain high professional standards of integrity and operate in a reputable manner
- support quality, flexible workplace focused education and training that meets CSH ITAB standards and the needs of employers and employees
- not seek financial advantage in the education and training market in NSW by virtue of my membership of the CSH ITAB
- declare any conflict of interest on any matters considered by the CSH ITAB where I, or the organisation I represent stand to gain financial advantage.

Further if I currently am, or I become, involved in the delivery of vocational education and training/assessment in NSW whilst an CSH ITAB member, I:

- certify/will certify that I and the organisation I represent are either registered with VETAB as a Training Organisation or are qualified trainers and workplace assessors
- undertake to act with regards to CSH ITAB Board approved training policies.

I understand that:

- any CSH ITAB membership, and ongoing membership, is at the discretion of the CSH ITAB Board
- my membership shall cease upon my resignation, non payment of any required subscription fees or expulsion at any general meeting of the CSH ITAB
- I may be required to pay subscription fees as determined by the CSH ITAB Board from time to time.

Name: _____ Signature: _____ Date: _____

Organisation _____

Organisational Core Business/Occupation of Individual _____

Postal Address _____ Postcode: _____

Telephone _____ Facsimile _____ E-mail: _____

Membership Fees for Organisations (please self select your fee level and tick one box only)

Fee Criteria Guide TAX INVOICE ABN : 95 530 979 012		Gov't and Non-Profit Organisations	Profit Based Organisations
Budget Size	Organisation Workforce Size	Fees are GST Inclusive	Fees are GST Inclusive
< \$50,000	Small	<input type="checkbox"/> \$ 200.00	<input type="checkbox"/> \$ 500.00
\$50,000 to \$199,999	Small/Medium	<input type="checkbox"/> \$ 400.00	<input type="checkbox"/> \$ 900.00
\$200,000 to \$499,999	Medium	<input type="checkbox"/> \$ 780.00	<input type="checkbox"/> \$1,800.00
\$500,000 to \$2M	Medium/Large	<input type="checkbox"/> \$1,200.00	<input type="checkbox"/> \$2,200.00
\$2M +	Large	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$3,600.00

Membership Fees for Individuals (Fees are GST Inclusive)

- \$150.00 employed \$30.00 student/pensioner/unemployed

Do you require a receipt? Yes No

Please make cheque payable to NSW Community Services and Health ITAB and send with completed application form to:

NSW Community Services and Health ITAB
PO Box 562
Gladesville NSW 1675