



This electronic document has been made interactive for your immediate use. Once you have filled in the appropriate form fields and verified information is correct, please hit the **SUBMIT** button and follow the prompts provided. If you wish to print and manually complete this document please email a copy to membership@ausimm.com.au or mail to **PO Box 660, Carlton South VIC 3053 Australia**.

➤ If you are submitting this document by fax or mail please complete the **GREEN** response fields

➤ If you are submitting this document electronically please complete the **ORANGE** response fields

PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Prof

First Name: _____

Middle Name: _____

Last Name: _____

Gender: Male Female Date of Birth: _____

Preferred Mailing Address: Residential

City: _____ State: _____ Postcode: _____

Country: _____

Present Employer: _____

Position: _____

Site/Location: _____

Phone (BH): _____

Phone (AH): _____

Fax: _____ Mobile: _____

Primary Email: _____

Secondary Email: _____

Preferred Mailing Address: Business

City: _____ State: _____ Postcode: _____

Country: _____

Career Disciplines:

Mining Metallurgy Geoscience Environment

Management Community Other _____

APPLICATION DETAILS

Application Type: Admission Reinstatement Grade Transfer Current/Prior Membership No. (if applicable): _____

QUALIFICATIONS AND EXPERIENCE

Post-Secondary Education

Membership of other Professional Bodies

A copy of your CV and Proof of Identity should be included with this application form.

➤ If you are submitting this document by fax or mail:

Please fax the relevant documentation to AusIMM on **+61 3 9662 3662** or mail to **PO Box 660, Carlton South VIC 3053 Australia** along with this completed form.

➤ If you are submitting this document electronically:

Once this form has been completed, **SUBMIT THIS FORM** then attach an electronic copy of the relevant documentation to the submission email.

MEMBER DECLARATION

I agree to observe and be bound by the terms of the Charter, By-Laws, Regulations, Code of Ethics, JORC and VALMIN codes and any other codes and guidelines established by the Board. I authorise the AusIMM to take any steps necessary to verify my eligibility and qualifications, and authorise the University or other Institute which awarded each qualification to provide verification to the AusIMM.

Name: _____ Date: _____

➤ Signature: _____

➤ I agree to support the aims, objectives and Charter and By-laws of the AusIMM



PAYMENT DETAILS: PAYMENT MUST ACCOMPANY THIS APPLICATION FORM


Credit Card – Please debit my VISA MASTERCARD AMEX


Card Number: _____

Card Expiry: _____

Cardholder Name: _____

Amount: AUD \$ _____

 Cardholder Signature: _____

 I authorise this transaction

SUBSCRIPTION FEES

For new members go to www.ausimm.com to calculate subscription fees.

Reinstatements and Grade Transfers please contact Member Services prior to completing payment details.

APPLICATION CHECK LIST

- | | |
|---|---|
| <input type="checkbox"/> 1. Personal details completed | <input type="checkbox"/> 5. A certified copy of your degree or academic transcript |
| <input type="checkbox"/> 2. Application details completed | <input type="checkbox"/> 6. Accepted terms and conditions of Member Declaration |
| <input type="checkbox"/> 3. Qualification details completed | <input type="checkbox"/> 7. Proof of identity – Passport photo page, current driver's licence or copy of your birth certificate |
| <input type="checkbox"/> 4. A copy of your CV | <input type="checkbox"/> 8. Provided payment details |

 Once this form has been completed, please verify information given is correct, and email fax or mail to:

Postal Address: AusIMM, PO Box 660 Carlton South VIC Australia 3053

Fax: (Att: Member Services) +61 3 9662 3662

Email: membership@ausimm.com.au

 Once this form has been completed, please verify information given is correct, and

SUBMIT THIS FORM 