



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 - ALL FIELDS REQUIRED

Title: Mr Mrs Ms Miss Dr Prof

First Name: _____

Middle Name: _____

Last Name: _____

Gender: Male Female Date of Birth: _____

Phone (AH): _____ Mobile: _____

Primary Email: _____

Secondary Email: _____

Mailing Address: _____

City: _____ State: _____ P/code: _____

Country: _____

COURSE DETAILS

Tertiary Institution: _____

Campus Location: _____

Current Year of Study (eg 1st, 2nd, 3rd): _____

Course Title: _____

Expected date of completion: _____

Is this your first tertiary program? Yes No

**If this is not your first tertiary degree you may be eligible for a higher grade of membership. Please call us on +61 3 9658 6130 for clarification.*

Preferred Interest Division (PID): Mining Metallurgy Geoscience Environment Management Community

Career Disciplines: _____

SPONSOR DETAILS OR PROOF OF IDENTITY

Please provide us with a copy of your Passport photo page, Driver's Licence or Student Card or details of either the appropriate Head of Program/ Department or Senior Lecturer under whom the Student is studying or by one Member of the AusIMM (ie Honorary Fellow, Fellow or Member).

Contact Details of Sponsor

First Name: _____

Last Name: _____

Email: _____

Institute/ Organisation: _____

AusIMM Membership No. (if applicable): _____

Grade of Membership: Member Fellow

➤ Sponsors' Signature: _____

➤ To the best of my knowledge the sponsor agrees to support this application

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: _____

Cardholder Name: _____

Card Expiry: _____

Amount: AUD \$ _____

➤ Cardholder Signature: _____

➤ I authorise this transaction

➤ 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

➤ If you are completing this document electronically

[CLICK HERE TO SUBMIT THIS FORM](#)