MEMBERSHIP APPLICATION FORM & TAX INVOICE

This will become a tax invoice upon receipt of payment. Please retain a copy for your records
Small Independent Superannuation Funds Association ABN 67 088 181 980 GPO Box 3315 SYDNEY NSW 2001

PRIMARY CONTACT DETAILS		
Title: First Name:	Surname:	
Position:		
Organisation		
Website:		
Postal Address:		
	State:	Postcode:
Email:		
Phone Bus:	Fax:	Mob:

TO JOIN ANY OF OUR SPECIAL INTEREST GROUPS, PLEASE TICK THE APPROPRIATE BOXES			
NSW Chapter Meeting		WA Chapter Meeting	
VIC Chapter Meeting		SA CHAPTER Meeting	
QLD Chapter Meeting		Technical and Policy Committee	
Receive SISFA's Newsletter		Marketing Committee	

All Individual and Corporate members are bound by the provisions of the Constitution of the SISFA Ltd and of the by-laws and pronouncements of the Board, which may from time to time be in force. Please sign to indicate your agreement to comply.

Signed _____ Dated _____

MEMBERSHIP OPTIONS

Please indicate the membership package chosen and enter amount to be paid. (Prices are GST inclusive)

Service Provider Membership (Annually)		**Tick**			**Tick**
Individual Member	$495	☐	Organisation 6-19 employees	$1100	☐
Organisation <5 employees	$660	☐	Organisation 20 + employees	$2200	☐

Trustee Membership (Annually)

Full member [voting] $495 ☐

NB: Employees, means directors, partners, salaried employees, franchisees, authorised representatives, contractors etc. who have active involvement in the business of self managed superannuation funds. Members joining after the 31st July in any year will pay a pro-rata fee, based on the remaining full months after the date of the application, in respect of the current financial year. The fee will be adjusted to the nearest dollar.

PAYMENT DETAILS

Please indicate the membership package chosen and enter amount to be paid (Prices are GST inclusive) Total amount enclosed $_____

☐Cheque attached (payable to SISFA) ☐Visa ☐MasterCard ☐Bankcard

Cardholder's Name:_____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date:___/___

Cardholder's Signature:_____

Privacy Statement: We are bound by and will comply with the National Privacy Principles