



## Australian Institute of Horticulture Registered Horticulturist Application Form



### MEMBER PERSONAL DETAILS – \*Please answer all questions

Mr/Mrs/Ms/Dr	Full Name *				
Membership Number *		Year of Joining *			
STREET ADDRESS *					
SUBURB /CITY *		STATE *		POSTCODE *	
P.O Address					
COUNTRY *		PHONE * -daytime			
MOBILE		FAX			
EMAIL		WEBSITE			

### **DOCUMENTATION REQUIRED** Contact AIH or [rh@aih.org.au](mailto:rh@aih.org.au) for more information \* (refer to Terms & Conditions)

**Full Members with FIVE or more years OR Associate with EIGHT or more years**

Please provide copies and attachments for:

- Copy of current Professional Indemnity Insurance policy
- Passport size photo- headshot for ID card

**Full Membership with less than FIVE years OR Associate less than EIGHT years**

Please provide certified copies and attachments for:

- Certificate - highest level of relevant qualification
- Professional experience form
- Copy of current Professional Indemnity Insurance policy
- Passport size photo- headshot for ID card

### **PAYMENT:** applications will not be processed without all necessary supporting documentation & payment of fees.

**Full Member Five or MORE years**

**Associate Member eight or more years**

Registration Fee including a \$35.00 application fee:

**(AUD\$)** Up to June 30<sup>th</sup> 2012 \$105.00

**Full Member LESS than five years membership**

**Associate Member less than eight years membership**

Registration Fee including a \$35.00 application fee:

**(AUD\$)** Up to June 30<sup>th</sup> 2012 \$130.00

**AIH Refund policy:**

- AIH will refund the registration fee if the application is not endorsed
- Application Fees are not refundable (\$35.00 fee)

CREDIT Card Details	Visa	Mastercard	Bankcard	Expiry Date	
	-		-		

Name on Card	Signature
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**Direct Debit Details:**

Acct Name: **Australian Institute of Horticulture Inc**  
 BSB: 633 000  
 Acct No: 126840214  
 Bank: Bendigo Bank

**Direct Debit (EFT) Record:** IMPORTANT Please note your name on the EFT record and notify AIH of the deposit

Payment Advice/ Receipt No.	
Date Paid	

**Cheque / Money Order: (please circle)**

Please make payable to:

**'Australian Institute of Horticulture'**

**Australian Institute of Horticulture Inc.**

PO Box 2190  
 Delivery Centre  
 BENDIGO , VIC, Australia , 3554

### **Terms and Conditions**

Please ensure that you have read and can fully interpret the terms and conditions of registration.

- In applying for the approval by the **Australian Institute of Horticulture** as a registered horticulturist I agree to be bound by the terms and conditions of registration, which includes acceptance and application of the AIH Code of Ethics
- I have attached copies of relevant information according to the requirements as noted
- All the details supplied by me in support of my application are true and correct
- I agree for my details to be placed on the AIH RH National Register
- I agree for my details to be used to receive relevant updates and newsletters pertaining to the registration scheme and AIH CPD programme

Date	Signature
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