

# Institute of Accident Assessors

ABN 13 000 482 119

11-13 BYRNE STREET AUBURN NSW 2144  
PH: 02 9648 1412 FAX 02 9648 4241



## APPLICANT DETAILS

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PCODE \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ MOB \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
OCCUPATION DESCRIPTION \_\_\_\_\_  
NAME & ADDRESS OF CURRENT EMPLOYER OR OWN BUSINESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STATEMENT BY APPLICANT

I hereby apply for membership of the Institute of Accident Assessors to which in your judgement I am entitled, I further acknowledge that should it be found that any information provided in this application is false, inaccurate or misleading then the IAA Council may terminate my membership.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

It is necessary for all applications for membership to be proposed and seconded by either a member of the IAA, business associate or current employer.

**PROPOSER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PCODE \_\_\_\_\_

PHONE... HOME \_\_\_\_\_ WORK \_\_\_\_\_

NO. OF YEARS YOU HAVE KNOWN THE APPLICANT \_\_\_\_\_

If **not** an IAA member, please advise name and address of present employer  
or own business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECONDER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PCODE \_\_\_\_\_

PHONE... HOME \_\_\_\_\_ WORK \_\_\_\_\_

NO. OF YEARS YOU HAVE KNOWN THE APPLICANT \_\_\_\_\_

If **not** an IAA member, please advise name and address of present employer  
or own business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECONDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**\*\* IF YOU REQUIRE THE IAA ACCREDITATION CERTIFICATE \*\*  
YOU MUST ALSO COMPLETE THIS SECTION**

I hereby apply for an "Accreditation Certificate" and enclose the following:

- Copy of past MVRIC licence as a Loss Assessor  
OR
- A letter from an employer confirming employment as a Loss Assessor  
and confirming competency in this activity
- A head and shoulders passport type photograph

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**STATEMENT BY APPLICANT**

I agree, that if elected, I will be governed by the Memorandum and Articles of Association, Ethics and By-Laws of the Institute of Accident Assessors, as they are now formed or as they may hereafter be altered, so long as my connection with the Institute shall continue. I furthermore agree to promote the objects of the Institute so far as shall be in my power, and that in case of severance of my connection therewith, I will return any certificate, or diploma of membership I may receive from the Institute in terms of the Memorandum and Articles of Association and By-Laws referred to.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESSED BY: NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_