

# International Forwarders & Customs Brokers Association of Australia Individual Membership Application



## APPLICANT INFORMATION

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	First Name:	Last Name:
Name to be shown on Certificate:		
Current Address:		
City:	State:	Postcode:
Date of Birth:	Telephone:	Mobile:
Personal Email:		

## MAILING INFORMATION

Tick where to send mail:	Home: <input type="checkbox"/>	Work: <input type="checkbox"/>	Other: <input type="checkbox"/>
Other:			
City:	State:	Postcode:	

## EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		
City:	State:	Postcode:
Telephone:	Fax:	Mobile:

## QUALIFICATIONS

Customs Brokers Licence	Y <input type="checkbox"/> N <input type="checkbox"/>	Number:	Expiry Date:
Dangerous Goods Certification	Y <input type="checkbox"/> N <input type="checkbox"/>	Number:	Expiry Date:
ASIC (Aviation Security Identification Card)	Y <input type="checkbox"/> N <input type="checkbox"/>	Number:	Expiry Date:
MSIC (Maritime Security Identification Card)	Y <input type="checkbox"/> N <input type="checkbox"/>	Number:	Expiry Date:
Biosecurity	Y <input type="checkbox"/> N <input type="checkbox"/>	Number:	Expiry Date:

## CONDITIONS OF MEMBERSHIP Each Associate member must satisfy the undermentioned criteria:

**Customs Brokerage Sector**

- be a natural person licensed under Part XI of the Customs Act
- pay the necessary application fee (if applicable) and annual membership fee at the time of application
- be of good character and a person of integrity
- not be subject to any of the provisions of Section 183CQ(1) of the Customs Act, and any other criteria that the Board deems necessary

**International Freight Forwarding Sector**

- pay the necessary application fee (if applicable) and annual membership fee at the time of application
- be of good character and a person of integrity
- have successfully completed the Diploma of International Freight Forwarding, or intend to enrol in this qualification with IFCBAA within the next 3 months of the date of this application, and,
- any other criteria that the Board deems necessary

**Fees**

- an annual membership fee will apply from 1 July each year with a pro-rata amount payable for any initial part year.

**Authority to Act**

IFCBAA requires an Authority to Act from a business when an individual member, not employed by a business member, seeks assistance on operational matters involving that business.

This ensures IFCBAA has proper authorisation to engage, protects the confidentiality and interests of the business, and provides a clear mandate for IFCBAA to liaise or advocate on the matter.

IFCBAA reserves the right to charge a prepaid fee for any consideration of such a request.

## DECLARATION

**I HEREBY DECLARE THAT:**

1. The information supplied in this application is true and correct.
2. I have not been refused admission to any professional institute or society, including airside access/ASIC or MSIC card canceled.
3. If admitted as a member, I agree to be bound by IFCBAA's Constitution, The Code of Professional Conduct and Regulations.
4. I will not at any time, onforward, distribute or in any other way provide any information or documentation that is provided to me from IFCBAA to any other person or third-party organisation including my own employer or their employees, where my employer is not a business member of IFCBAA.
5. I attest that copies of all qualifications included as supporting evidence to this application are direct and complete copies of the original documents.

Signed: ..... Date: .....

## RETURN APPLICATION FORM

On completion of the application please forward it to: [ifcbaano@ifcbaa.com](mailto:ifcbaano@ifcbaa.com)  
Telephone: 02 9587 1986