

MEMBERSHIP APPLICATION FORM EDUCATION MEMBERSHIP | 2024-2025



ORGANISATIONAL INFORMATION

*Organisation name			
*ACN/ABN			
*CRICOS number			
*Telephone number			
*Website			
*Address			
Suburb		State	
Postcode		Country	
*Postal address (if different)			
Suburb		State	
Postcode		Country	

ORGANISATIONAL CONTACT DETAILS

*HEAD OF ORGANISATION

This person is the authorised representative of the organisation.

*Full name	
*Position title	
*Preferred contact number	
*Email address	

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*PRIMARY CONTACT FOR MEMBERSHIP

This person will be the contact for day-to-day liaison with the business. This includes member-related correspondences, membership renewal, provide updates on key contacts and further information if required. This person will receive all key formal documentation regarding the membership and they will be the voting delegate at the annual general meeting of StudyPerth members.

*Full name

*Position title

*Preferred contact number

*Email address

*BRAND & MARKETING CONTACT

This person will be the key contact for promotional opportunities, and ensuring that course offering details, and organisation profile (such as branding) are up to date on StudyPerth's website.

*Full name

*Position title

*Preferred contact number

*Email address

*INTERNATIONAL STUDENT RECRUITMENT CONTACT

This person will be the key contact for trade events and international recruitment initiatives, inbounds and famils, regional advisory groups, and offshore marketing. For example, regional managers.

*Full name

*Position title

*Preferred contact number

*Email address

*INTERNATIONAL STUDENT SUPPORT & EXPERIENCE CONTACT

This person will be the key contact for student support and experience initiatives. The person responsible for offering student services and understand the needs of enrolled international students, such as health and wellbeing, employability, etc.

Full name

Position title

Preferred contact number

Email address

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*FINANCE

This person is responsible and provide support for all financial matters.

*Full name

*Position title

*Preferred contact number

*Email address

*INSTITUTION CATEGORY

Please indicate which sector applies to your institution (select as many as applicable).

- | | |
|---|--|
| <input type="checkbox"/> University | <input type="checkbox"/> English Language (ELICOS) |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Vocational Education & Training | <input type="checkbox"/> Primary School |
| <input type="checkbox"/> Pathway College (specify partnered institutions) | |

*SUPPORTING DOCUMENTS

Please attach the following supporting documents with your completed application.

- ☐ ASQA/TEQSA Certificate of Registration
- ☐ CRICOS Approved Courses Report
- ☐ Current prospectus
- ☐ Certificate of Currency (Insurance liability)
- ☐ Any other supporting information
(e.g. expected student numbers and mix of local/ international students)

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***In 100 words or less, please describe how you wish to benefit and get involved with StudyPerth.**

DECLARATION

The following declaration is made by the Applicant:

By submitting this form, the Applicant agrees to pay a Membership Subscription Fee per the following model and as approved by the StudyPerth Board:

- On-campus pathway colleges \$25,000.00 (excl. GST) pro rata
- Other Schools and Colleges \$3,000.00 (excl. GST) pro rata

By submitting this form, the Applicant agrees to adhere to the [Code of Practice](#) of the StudyPerth Membership.

*Signature

*Full Name

*Position Title

*Date

Please email the completed application form and supporting documents to members@studypertth.com.au

**Mandatory field*