

# APPLICATION FORM | 2020-2021

## Education Membership



\*Institution name

\*ACN/ABN  \*CRICOS CODE

\*Tel

\*Website

\*Address  
No. Street   
Town/Suburb   
State/Postcode

Postal Address  
(if different)

\*CEO/ED Name

\*Tel  \*Mobile

\*Email

\*Primary contact name  
(if different to CEO/ED)

Position

Tel  Mobile

Email

\*Official voting  
delegate name (if  
different to CEO/ED)

Position

Tel  Mobile

Email

\*Financial contact name

\* Tel

\*Email

\* Institution bank account name

\* BSB

\* Account number

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## Education Membership



\*Which sector applies to your institution (select as many as apply)?

University	<input type="checkbox"/>	Higher education	<input type="checkbox"/>
Pathway	<input type="checkbox"/>	English languages (ELICOS)	<input type="checkbox"/>
Vocational	<input type="checkbox"/>	Secondary school	<input type="checkbox"/>
Primary school	<input type="checkbox"/>		

Attachments required to support applications:

ASQA/TEQSA Certificate of Registration	<input type="checkbox"/>	CRICOS Approved Courses Report	<input type="checkbox"/>
		Current Prospectus	<input type="checkbox"/>
Any other supporting information, e.g. expected student numbers and mix of local/international	<input type="checkbox"/>		

### 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 (ex. GST):

- Universities \$18,000
- On-campus Pathway Colleges \$8,000
- Other Schools and Colleges No fee

By submitting this form, the Applicant agrees to adhere to the Code of Practice of the StudyPerth Membership.

\*Signature

\*Name

\*Title

\*Date

Please email the completed application form and supporting documents to

[admin@studypertth.com.au](mailto:admin@studypertth.com.au)

\*Mandatory field