



**Australian Institute of  
Building Consultants**

ABN 67 605 683 690

## MEMBERSHIP APPLICATION

Membership Enquires: Robert Thompson

Telephone : 1300 681 375

Email : [Robert@aibcpl.com.au](mailto:Robert@aibcpl.com.au)

Postal Address: P.O. Box 393

Mornington VIC 3931

Application for consideration of membership

Name

Postal Address

Email

Phone: Office:

Fax:

Mobile:

Date of birth

Please Circle Membership Preference.

Category of membership Applying for: Social Membership.	Yes – No
Student Membership.	Yes – No
Associate Membership.	Yes – No
Membership Specialist.	Yes – No

1<sup>st</sup> Nominator

Member No

2<sup>nd</sup> Nominator

Member No

Employment history (year and details)

If Insufficient Space – please provide on extra sheet.

Provide three **(3)** written reports: No older than 2 Years.  
i.e. 1/ Dilapidation Report.  
2/ Defects Evaluation Report.  
3/ VCAT – Magistrate – County – Compliant Report.  
4/ Methodology / Quantum Report.

Education Qualifications

If Insufficient Space – please provide on extra sheet.

Reason for seeking membership of the AIBC

Provide 3 industry references

- 1:
- 2:
- 3:

Name of Professional Indemnity Insurance.

Contact Details:

Policy No:

Expiry Date:

Submit message:

Applicants signature..... Date.....

**Please Note:** All reports will be destroyed after this application has been processed.