

# Membership Application 2018-19

Refer " Membership" on our website for details, [www.csh-itab.com.au](http://www.csh-itab.com.au)



## Membership Category Sought (tick one box only)

- Industry Associate Membership (for employers, unions, industry associations, peak bodies or service providers)
- Training Provider Affiliate Membership (for education and registered training organisations)  
(Please provide a copy of your Scope of Registration Certificate)

## Member Details, declaration and undertaking

I apply for membership of the ITAB. Whilst a member, I undertake to:

- support the strategic visions of the ITAB
- be bound by the constitution of the ITAB and decisions of the ITAB Board
- maintain high professional standards of integrity and operate in a reputable manner
- support quality, flexible workplace focused education and training
- not seek financial advantage in the education and training market by virtue of my membership of the ITAB
- declare any conflict of interest on any matters considered by the ITAB where I, or the organisation I represent stand to gain financial advantage.

Further if I currently am, or I become involved in the delivery of vocational education and training whilst an ITAB member, I certify that I and the organisation I represent are either registered as a Training Organisation or are qualified trainers and workplace assessors.

I understand that:

- ITAB membership is valid for one financial year
- ITAB membership, and ongoing membership, is at the discretion of the ITAB Board.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisational Core Business/Occupation of Individual: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Membership Fees for Organisations (please self select your fee level and tick one box only (Fees are GST Inclusive))

| Fee Criteria Guide<br>TAX INVOICE<br>ABN : 95 530 979 012 |                | Non-Profit Organisations            | Gov't and Profit Based Organisations |
|---|----------------|-------------------------------------|--------------------------------------|
| Budget Size   | Workforce Size |                                     |                                      |
| < \$75,000  | Small          | <input type="checkbox"/> \$315.00   | <input type="checkbox"/> \$675.00    |
| \$75,000 to \$199,999                                     | Small/Medium   | <input type="checkbox"/> \$775.00   | <input type="checkbox"/> \$1,450.00  |
| \$200,000 to \$499,999                                    | Medium         | <input type="checkbox"/> \$1,300.00 | <input type="checkbox"/> \$2,330.00  |
| \$500,000 to \$2M   | Medium/Large   | <input type="checkbox"/> \$2,200.00 | <input type="checkbox"/> \$3,880.00  |
| \$2M +  | Large          | <input type="checkbox"/> \$3,300.00 | <input type="checkbox"/> \$4,440.00  |

- Payment Options:** 1. Cheque payable to NSW Community Services and Health ITAB - ABN – 95 530 979 012  
2. Direct deposit to account no: 1002 5780, BSB: 062 033 (**reference your organisation name**)

## Send completed renewal form to:

NSW Community Services and Health ITAB  
PO Box 562  
Gladesville NSW 1675

OR email to: [itab@csh-itab.com.au](mailto:itab@csh-itab.com.au)