



Collaborative Professionals NSW

Application for renewal of membership of Collaborative Professionals NSW Inc

- Print this Renewal Form.
- Complete and sign the Renewal Form.
- Post the completed renewal form with the annual membership fee of \$100 (\$200 for Community Organisations) to:

Collaborative Professionals (NSW) Inc.
GPO Box 2056
Sydney NSW 2001

Please check your contact details on our website www.collabprofessionalsnsw.org.au then complete the details below (highlighting any changes), sign the confirmation and return this form with your cheque.

Family Name: _____

Given Name: _____

Email: _____

Website: _____

Firm Name: _____

Telephone Number: _____

Address: _____

Post Code: _____

Confirmation

I _____
(full name of applicant)

Of _____
(address)

- declare that I satisfy the professional requirements for membership in my professional field.
- declare that I hold appropriate professional indemnity insurance to undertake work as a collaborative professional.

(Signature of applicant)

(Date)