



Biometrics Institute Ltd

Membership Application Form

Biometrics Institute Membership Application Form | 1 or 3 Year Membership

Organisation Name: _____

Title: _____ First Name: _____ Last Name: _____

Job Position: _____ Business Reg. No (i.e. ABN): _____

Postal Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____ Website: _____

Brief statement of interest in Biometrics: _____

Biometrics Institute Membership Categories

No. of Active ¹ Participants	Annual User ² Membership Fees (includes GST ³)	Annual Supplier ² Membership Fees (includes GST ³)
Small: 1	A\$640 + 10% GST = \$704 <input type="checkbox"/>	A\$990 + 10% GST = \$1,089 <input type="checkbox"/>
Medium: 2-3	A\$1,290 + GST = \$1,419 <input type="checkbox"/>	A\$1,950 + GST = \$2,145 <input type="checkbox"/>
Large: 4-9	A\$2,500 + GST = \$2,750 <input type="checkbox"/>	A\$3,900 + GST = \$4,290 <input type="checkbox"/>
Very Large: 10-30	A\$3,750 + GST = \$4,125 <input type="checkbox"/>	A\$5,700 + GST = \$6,270 <input type="checkbox"/>
I would like to opt in for 3 year Membership Subscription ⁴ (Refer over page for details)		<input type="checkbox"/>

¹ The Biometrics Institute membership benefits only apply to active participants. Refer over page.

² For definitions of user and supplier membership categories refer over page.

³ No GST applies for overseas organisation i.e. from Germany, New Zealand, Singapore, UK and USA.

Please note: there are no individual memberships.

On behalf of the above identified organisation, application is hereby applied for membership of the Biometrics Institute.

The said organisation on being elected to membership undertakes to abide by the Institute's Constitution and by such by-laws of the Institute as may be in force from time to time and acknowledges that its liability by way of guarantee in terms of the Constitution is limited to \$20.

For and on behalf of _____

Dated this _____ 20____ Signature _____

Biometrics Institute Privacy Charter
 Yes, I am interested to become an official supporter of the Biometrics Institute Privacy Charter and would like the relevant information.
 Please list me on the website as such.

Biometrics Institute Website
 Yes, please send me the Biometrics Institute Logo for listing on our organisation's website as "(Proud) Member of"

Biometrics Institute Privacy Awareness Checklist (PAC)
 As you may be aware the Biometrics Institute has developed the PAC as a best practice guide for privacy. We encourage your organisation to look at it and consider how your organisation may use it. You shall receive a copy of the PAC if your application is approved.
 Yes, I will review the PAC within 3 months of becoming a Biometrics Institute member

I wish to pay by: (please tick) A tax invoice will be issued for all registrations

Cheque payable to Biometrics Institute in Australian Dollars.

EFT to Biometrics Institute, Commonwealth Bank. Bank details will be provided on our invoice upon receipt of the application.

Visa MasterCard Amex** Diners**

Card No. _____

Expiry Date: _____ For the amount of: A\$ _____

Cardholder Name: _____ Signature: _____

**** Please note a 3% handling fee is applicable to all payments made by Amex or Diners card to cover the credit card fees incurred by Amex and Diners.**

**Please forward this application form and payment to:
 Biometrics Institute Ltd, PO Box 576, Crows Nest NSW 1585,
 or if paying by EFT or credit card fax to +61 2 9431 8677.**

