



Collaborative Professionals (NSW) Inc

Application Form for Renewal of Membership of Collaborative Professionals (NSW) Inc

- Complete and sign the Renewal Form
- Post the completed Renewal Form with the annual membership fee of \$200.00 to:

Collaborative Professionals (NSW) Inc
C/- Dolman Bateman & Co
PO Box 5284
Chatswood West 1515

- Payment can also be made by direct deposit:

Acct Name: CPNSW
BSB: 062 021
Acct No: 10455271
Reference: (your surname and initials)

Family Name: _____

Given Name: _____

Email: _____

If your contact details have changed please complete this section. If there is no change, go straight to Confirmation section. Fill in this [form](#) to update you public profile on the CPNSW website.

Website: _____

Firm Name: _____

Telephone No: _____

Address: _____ post code _____

Occupation: _____

Confirmation

(Please print your full name)

of _____ Post Code: _____
(Please print your 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)