



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 to:

Collaborative Professionals (NSW) Inc
C/- Simeon Levin, Simfin
Level 5, Challis House
4 Martin Place
SYDNEY NSW 2000

- **Or email to:** slevin@simfin.com.au
- The membership fee (\$200) can 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 your public profile on the CPNSW

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)