



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

- Please complete and sign the Renewal Application Form
- Email the completed Renewal Application Form to the following email addresses: -
kate@affinitybusiness.com.au and slevin@simfin.com.au
- If you prefer paying by **cheque**, post your membership fee of \$200 to the following address:

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

- Alternatively, pay your membership fee of \$200 by **direct deposit** into the following bank account:

Account Name: CPNSW
 BSB No: 062 021
 Account No: 10455271
 Reference: **Insert your full name**

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)