



## 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](mailto:kate@affinitybusiness.com.au) and [slevin@simfin.com.au](mailto: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  
 GPO Box 1193  
 SYDNEY NSW 2001

- 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)