



The Australian Tutoring Association (ATA) Ltd.
ABN: 48 130 390 519

Membership Renewal Form

Post to: P.O. Box 256, Croydon NSW 2132
Email: office@ata.edu.au

Fax: (02) 9744 0519 – Clearly Marked ‘Australian Tutoring Association (ATA) Ltd.’

Name / Business name : _____

Existing Membership No : _____

Please **ONLY** fill out if details have changed

Address : _____

Suburb : _____ Post code : _____

Ph No : _____ Mobile : _____

Choose and circle **either**

Annual fee WITHOUT insurance (GST Inclusive)

Category A	Registered business	\$198
Category B	Teacher	\$198
Category C	Tutor (Associate)	\$66

Or

Annual fees WITH insurance *

(\$10m Public Liability and \$1m, Professional Indemnity.)

If already insured with AAMI Policy No: _____

Category A Registered Business

	AAMI Insurance	ATA Membership
1 - 5 employees	\$220	\$154
6 - 25 employees	\$352	\$154
26 - 50 employees	\$467.50	\$154
51 + employees	POA	\$154

Category B Teacher \$220 \$154

Category C Tutor (Associate) \$220 \$55

For Contents Insurance please contact AAMI Business Insurance on 132244

*The ATA does not get commission, royalties or any financial benefit from offering this insurance as a member benefit.



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This page must be signed by all members for themselves and for Registered Businesses by the owner.

For businesses the detail below must be true for ALL employees.

- I agree to adhere to and abide by the ATA Code of Conduct, the aims and goals of the ATA and the ATA Constitution
- I understand that failure to adhere to or abide by these requirements may lead to disciplinary action and expulsion from the ATA
- I understand that in applying for membership to the ATA I declare that I have not been convicted and have no current or pending charges in any jurisdiction (domestic and abroad) of any offence involving a child(ren)

Registered Businesses:

- I assert that none of my tutors have any prior, current or pending charges relating to offences against child(ren) in any jurisdiction (domestic and abroad)

The information I have provided is truthful, accurate and current.

Any changes to the above MUST be notified to the ATA within 30 days of such change occurring.

Full name (please print) _____

Signed _____ **Date** _____

Payment Options

The ATA accepts the following payment options:

Please Note that we require separate cheques for Membership and Insurance.

Cheque/Money Order

I have enclosed a cheque or money order for _____ (amount) payable to the Australian Tutoring Association (ATA). I have also enclosed _____ (amount) payable to AAMI Business Insurance.

Credit card payments (MasterCard or Visa Card Only)

Card number ____/____/____/____ Expiry date __/__ CVN ____

Name on card (please print) _____

Amount payable To ATA _____ **Amount payable to AAMI** _____

Signed by _____ (Cardholder)