



**The Australian Tutoring Association (ATA) Ltd.**

**Membership Application Form**

**ABN 48 130 390 519**

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.’

**Membership Categories (please tick ONE)**

- Category A Individual Registered Business**
- Category B Teacher** (qualified teacher able to teach in Australian public schools)
- Category C Tutor** (non-teacher qualified, associate membership)

**Choose either:**

<b>Annual fees WITHOUT insurance (GST inclusive)</b>		
Category A	Registered business	\$198
Category B	Teacher	\$198
Category C	Tutor (Associate)	\$66

**Or:**

<b>Annual fees WITH insurance*</b>			
<b>(\$10m Public Liability and \$1m Professional Liability (see attached sheet))</b>			
<b>Category A Registered Business</b>			
		<b>AAMI</b>	<b>ATA</b>
		<b>Insurance</b>	<b>Membership</b>
		<b>Cheque</b>	<b>Cheque</b>
<b>1 – 5</b>	<b>employees</b>	<b>\$220</b>	<b>\$154</b>
<b>6 – 25</b>	<b>employees</b>	<b>\$352</b>	<b>\$154</b>
<b>26 – 50</b>	<b>employees</b>	<b>\$467.50</b>	<b>\$154</b>
<b>51 +</b>	<b>employees</b>	<b>POA</b>	<b>\$154</b>
<b>Category B Teacher</b>			
		<b>AAMI</b>	<b>ATA</b>
		<b>Insurance</b>	<b>Membership</b>
		<b>Cheque</b>	<b>Cheque</b>
		<b>\$220</b>	<b>\$154</b>
<b>Category C Tutor (Associate)</b>			
		<b>AAMI</b>	<b>ATA</b>
		<b>Insurance</b>	<b>Membership</b>
		<b>Cheque</b>	<b>Cheque</b>
		<b>\$220</b>	<b>\$55</b>
<b>For Contents Insurance please contact AAMI Business Insurance on 132244</b>			

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

**Are you willing to participate in student referral programmes organised by the ATA?**

**Yes No (Please circle one)**



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**Category A Registered Business** (please photocopy and fill out a separate form for every site)

Name of Registered Business \_\_\_\_\_

Location of Registered Head Office \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Web Address \_\_\_\_\_

Name of Contact Person 1 \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax No \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Contact Person 2 \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax No \_\_\_\_\_ Email Address \_\_\_\_\_

**Category B Teacher and Category C Tutor (unqualified)**

If applying under Category B please include copies of teaching qualifications

Full Name \_\_\_\_\_

Any previous names \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_

Fax No \_\_\_\_\_ Email Address \_\_\_\_\_



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This page must be signed by all members for themselves and in 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) Ltd. 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)**