

Application Form to become a member of the PSOA

PROFESSIONAL
SURVEYORS
OCCUPATIONAL
ASSOCIATION



NOTE: This form must be completed to ensure compliance with conditions of the Professional Surveyors Scheme under the Professional Standards Act 1994 (the Act).

Prior to completing this application form please read the attached :-

- i. Information sheets advising of the Professional Indemnity Insurance Standards, the Risk Management strategies and disclosure requirements of the PSOA
- ii. Continuing Professional Development Policy
- iii. Code of Ethics & Code of Practice
- iv. Disciplinary Regulations
- v. Policy for when a members Professional Indemnity insurance cover is greater than their limitation of liability
- vi. PSOA constitution

Section 'A'

APPLICANT DETAILS

Sole Trader

Partner

Corporation

NOTE: Each Partner must complete separate form.

NAME:

Trading as:

If relevant ACN Year of Commencement

Address (Postal)

.....
.....
.....

Telephone (.....) Fax (.....)

Email (Main):

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Section 'B'

APPLICATION FOR: (Select relevant category and Class)

- Category A** – Total Annual Fee Income less than \$2,500,000
 Class 1 – Limitation of Liability \$1,000,000
- Category B** – Total Annual Fee Income \$2,500,000 - \$5,000,000
 Class 2 – Limitation of Liability \$2,000,000
- Category C** – Total Annual Fee Income greater than \$5,000,000
 Class 3 – Limitation of Liability \$5,000,000

Category A, B or C applicants may apply for a higher Class of cover under the scheme to a limit of \$10,000,000- at the discretion of the Board. If your Class is not listed above please complete the section below.

- Yes, I wish to apply for a higher class of cover for a Limit of Liability of
\$ _____

Note:

See the PSOA policy "Policy for when a members Professional Indemnity insurance cover is greater than their limitation of liability."

Section 'C'

SOLE TRADER/PARTNER OR CORPORATION NOMINATED REPRESENTATIVE

Name: Position:

Email address:.....

Qualifications: Degree / TAFE/Other State your qualifications? :

Registered/Licensed Surveyor: YES / NO

If YES to above please advise of :-

Registration/License No. State:

If NO to above please advise whether your qualifications entitles you to be registered/licensed in your state :-

.....

Note:

1. Refer to sections 3(a),(b) & (c) of the PSOA constitution for membership eligibility requirements regarding qualifications.
2. A corporation nominated representative can be TAFE qualified. See section 3(c)(iii) of the PSOA constitution.

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Section 'D'

EMPLOYEES include sole trader/partners	Number of full time employees le 2 days a week = 0.4
Registered Surveyors	
Graduate Surveyors	
Undergraduate Surveyors	
Technician/Engineering Surveyors (TAFE Diploma)	
CAD operators	
Field assistants	
Administration staff	
Other university qualified staff	
Other TAFE qualified staff	
All staff employed must be included in this declaration.	

Section 'E'

APPLICANT'S DECLARATION

I agree that if this application is accepted by the Professional Surveyors' Occupational Association, (the Association) I (sole trader or partner) OR the Corporation will conform to the codes, standards, policies, risk management strategies, disclosure requirements, reporting requirements and disciplinary regulations of the Association.

Consent to disclosure of personal information:

The Association is committed to protecting the privacy of the personal information you provide us. The Association uses the personal information we collect about you [on this form] in order to process your membership application, and to facilitate the provision of our member services to you, including the publication of a list of members available to the public on the Association web site. By completing and returning this application form, you agree to us using and disclosing your information as set out above.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice by writing to The Association's Privacy Officer at P O Box A1155, Sydney South NSW 1235.

Date: /...../.....

Signature

Sole Trader/Partner/Nominated Representative of Corporation

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Fully complete this application form at Sections 'A', 'B', 'C', 'D' & 'E' and ATTACH the following:-

1. *Current certified copy of your Professional Indemnity insurance certificate.*
2. *Signed certification that your Professional Indemnity insurance complies with the standards and conditions stated in the PSOA document titled "Professional Indemnity Insurance Standards".*
3. *A Statutory Declaration indicating Sole Trader/Partner/Corporation's ability to pay the Professional Indemnity insurance Excess.*
4. *A statement that gross revenue for the 2010/2011 financial year exceeded 900 units (\$103,425 at 1 July 2010) and that the areas of work undertaken are those for which a registered surveyor is professionally trained or in which a registered surveyor usually practices.*
5. *For the Sole Trader/Partner a copy of the Certificate of Registration or approved Bachelor Degree award.*
6. *For the nominated representative of the Corporation a copy of the Certificate of Registration or approved Bachelor Degree award or TAFE qualification.*
7. *Letter of Advice detailing insurance claims (original claims and settled amounts) either active or settled during the previous 12 months with the size of any such claims. (This information will be held in the strictest confidence).*
8. *Your cheque for the 2011/2012 membership fees are: Category A -- \$620.00; Category B -- \$685.00 and Category C -- \$740.00 for the 1st Trading Entity/Partner plus \$55.00 for each partner thereafter if applicable.*

Forward the completed application form and requested attachments to:-

Professional Surveyors Occupational Association

PO Box A1155

Sydney South NSW 1235