



## Application Form for Professional Member Designation

**Please Note:**

*The accreditation guidelines are new in 2011 and as the process settles in there may be changes to forms and procedures. It is very important therefore that you download the most recent forms and templates from the website to complete for your application.*

*Please ensure that forms and templates you are using are current. Applications which are received using superseded forms will need to be re-submitted using the current forms.*

*At any time, the forms on the website will be current at that time.*

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**I hereby apply to be awarded the Professional Member designation by the National Speakers Association of Australia.**

Full Name \_\_\_\_\_  
(First Names) (Surname)

Business or Trading Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Do you currently hold Member designation from NSAA?

\_\_\_\_\_

When did you join the NSAA?

\_\_\_\_\_

**In applying for the Professional Member designation, I acknowledge that I understand and accept *all* of the following:**

My application will not proceed until all components have been received and the applicable fee is paid and cleared.

That I meet *all* the requirements for Professional Member designation as detailed on the NSAA website.

That if parts of the applications forms or templates have not been completed fully, or have not been completed properly, my application will be returned for the details to be provided in the form required.

That I will not receive any part of my application back, including products I provide for assessment.

That when requested I will provide detailed information of my income and its source for verification purposes. I understand that any work for which I am not willing to provide verification information cannot be counted in my application.

That if during the verification or assessment process it is discovered that I have provided inaccurate information, my application will be returned for correction except that if *deliberate inaccuracies* are discovered, I will be barred from applying for any designation for a period of three years.

That the identity of people involved in peer assessment of my video will not be divulged at any time.

That if an adverse finding is made against me by the ethics committee of my association that I will be barred from applying for any designation for a period of three years unless the ethics committee determines a greater or lesser time period.

That if an adverse finding is made against me by the ethics committee of my association, that committee may recommend the revocation of any designation I may hold.

That if my application is unsuccessful for any reason, that the fee that has been paid is not refundable.

That decisions made by the accreditation committee are final.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

***Before me:***

\_\_\_\_\_  
**Witness Full Name**

\_\_\_\_\_  
**Signature of Witness**

Occupation of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

\_\_\_\_\_  
Phone Number of Witness \_\_\_\_\_