

ALUCA

APPLICATION FOR STUDENT MEMBERSHIP

AUSTRALASIAN LIFE UNDERWRITING & CLAIMS ASSOCIATION INC
ABN: 22 198 546 848



educate | develop | connect

STUDENT MEMBERSHIP

INFORMATION

ALUCA recognises that our students are the future of the life insurance industry. As such we are thrilled to provide a special ALUCA student membership category for full time ANZ students.

As a student member, you will have access to a range of great resources that Allied health students will find useful to their studies, be able to attend free member-only seminars and events and access a range of recorded events in the Members only centre on ALUCA's website.

In addition, you'll have access to the latest jobs and events and gain some valuable skills. So, what are you waiting for? Get a head-start on a great career and be in the know about the Life Insurance industry whilst building your Life Insurance and Rehabilitation network - with leaders and influencers.

Student membership is \$25 per annum and is **not available to those with previous Life Insurance industry experience or those who are currently working in the Life Insurance industry.**

Student membership could potentially be a great opportunity to obtain a successful career in Life Insurance with ALUCA Student Membership. If you are a full-time student, studying at a tertiary level or equivalent, in Allied Health, business, commerce, finance, law or psychology you can join ALUCA as a Student Member for \$25 per annum.

STUDENT MEMBERSHIP BENEFITS

- Support for your studies
- Demonstrate commitment to your career- get a head-start
- Networking opportunities
- Latest jobs and events





Application is available to FULL-TIME students ONLY

ALUCA Student Membership Subscription is for 1 Year from date of acceptance.

PLEASE INCLUDE THE FOLLOWING:

TITLE		FIRST NAME		
SURNAME				
ADDRESS				
TOWN/CITY				
COUNTRY		POSTCODE		
EMAIL				
MOBILE				
ALUCA SUPPORTING DOCUMENTATION: Student Membership				
ENROLLED AT				
COURSE				
YEARS OF STUDY				
COURSE START DATE		COMPLETION EXPECTED		
MEMBERSHIP LEVEL	ANNUAL FEE A\$	JOINING FEE	GST	TOTAL A\$
STUDENT MEMBER	\$25	WAIVED	\$2.50	\$27.50

DECLARATION BY APPLICANT:

I hereby apply for student membership of Australian Life Underwriters & Claims Association Inc on the basis of the information provided in this form and certify that I am a full-time student. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force and by the ALUCA Code of Conduct.

Signature of Applicant _____ DATE. / /

PROPOSER AND SECONDER

PROPOSER	SECONDER
NAME: Jim Welsh	NAME: Amanda McKernan
COMPANY: ALUCA Chair / AMP	COMPANY: ALUCA CEO

Declaration: I am a financial member of ALUCA and propose/second the nomination of the applicant, who is personally known to me, for membership of the Association. I believe the applicant to be suitable for membership of ALUCA.

SIGNATURE: Pre approved	SIGNATURE: Pre approved
DATE:	DATE:





PAYMENT: CREDIT CARD PAYMENT IS PREFERRED

BANK DEPOSIT: NAB Bank BSB: 083 004 Account No: 51 8734834

Account Name: Australasian Life Underwriting and Claims Association Inc.

It is recommended that Overseas residents pay by credit card to avoid bank fees.

CARD NUMBER		EXPIRY DATE	
TYPE OF CARD	() Amex () Visa () Mastercard	CCV	
NAME ON CARD		AMOUNT	1 Year - \$27.50
SIGNATURE		DATE	

EVIDENCE OF FULL TIME STUDENT STATUS - photocopy or scan with this application

This can include the following forms of evidence:

- **Student ID - copy of photo ID**
- **Letter from Institution**

APPLICANT'S DECLARATION

By signing this ALUCA membership form for student membership you are declaring that you are a full time Australian or NZ student studying at an academic/tertiary institution and confirm that you have read and understood the terms and conditions of the student membership which will cease to exist should you move to part time study status or upon completion of your full-time studies. You agree to be bound by these terms and conditions. You also authorise ALUCA to verify the details shown on this application by contacting any organisation or institution noted on this application, or by requiring me to submit such documents as considered necessary by ALUCA. Anyone having given false information in order to obtain admission or upgrade with ALUCA is liable for immediate expulsion.

APPLICANT'S SIGNATURE:
DATE:

Our privacy policy complies with Privacy Act 1988 and is available on our website at www.aluca.com

NEXT STEPS

Please COMPLETE AND SUBMIT this application form, with supporting documentation to become a Student Member of the Australasian Life Underwriting and Claims Association Inc.

EMAIL: [secretariatofficer @aluca.com](mailto:secretariatofficer@aluca.com)

