

The Association of Regulated Immigration Advisers



MEMBERSHIP APPLICATION FORM

Please complete using black ink and block capitals

Name of your OISC Regulated Organisation

OISC number for your Organisation

Postal address of your OISC Regulated Organisation
Post Code

Full Name of Principal OISC Regulated person in your organisation

Full Name of Representative dealing with this Membeship Application

Representatives phone number **fax no**

Representatives e-mail address

Type of organisation (tick 1 box below) **Number of advisers in organisation (tick 1 box below)**
Registered **Exempt** **1** **2-4** **5-10** **11-20** **21 or more**

Annual Membership Fee due by Organisation in accordance with the Association's Membership Fee Scale:
Fee *

I confirm the details I have stated on this Membership Application Form are correct. I confirm Advisers in the Organisation applying for membership of the Association of Regulated Immigration Advisers are all Regulated by the OISC. I also confirm all regulated advisers in this Organisation have read the rules and are aware of the importance of upholding the professional standards and etiquette expected, and as laid down in the Rules of the Association of Regulated Immigration Advisers. I confirm all Membership fees and Membership Renewal fees due are paid on the due renewal/date without delay.

Signed

Print your full name

Position held by signatory

Date

Please forward your completed and signed application form together with your cheque* to: The Secretary of The Association of Regulated Immigration Advisers:- Mr D. Main, 5 Hawbridge Close, Shirley, Solihull, West Midlands, B90 4SU. * Please cross cheques and make payable to: 'The Association of Regulated Immigration Advisers'

Please also complete ARIA FORM 2 and enclose with this application

ARIA FORM 1
For office use only: Date received Date banked File reference

