

Application for Transfer of Recognised Accreditation Provider (RAP)

Member Details

Full Name:		
Firm:		
Address:		
	State	Postcode
Website:		
Telephone:		
Mobile:		

Transfer of RAP

I am currently a nationally accredited mediator and a member of

_____ (current RAP).

I am applying to transfer my registration to AIFLAM as my RAP and understand that I will need to maintain financial membership of AIFLAM to maintain my registration.

I certify that I have not been suspended by my current RAP and that there are no issues which could give rise to a suspension or deregistration.

Membership of AIFLAM and administrative transfer fee

☐ I am currently a member of AIFLAM and will pay the **\$50** administrative transfer fee \$50.00
OR

☐ I am applying to be a member of AIFLAM, agree to be bound by the membership rules \$225.00
in the AIFLAM Constitution and will pay **\$225** (\$175 membership fee for 2025/2026
financial year plus \$50 admin fee)

Acknowledgement and declaration

I certify that the content I provide in this application is true and correct to the best of my knowledge and I undertake to comply with ongoing practice standards and legislative and approval requirements and I acknowledge and declare that I understand and will comply with the above requirements.

Signed:

Date:

Name: (printed)

PAYMENT OPTIONS

1. EFT Payment

Account Name: AIFLAM

BSB: 015 310

Account No: 319880089

*A remittance advice showing EFT payment details **must** accompany this form*

2. Credit Card

Credit card payments can be made via your member portal, alternatively please contact us to arrange payment.

Please return this form by email to mail@aiflam.org.au