



Established 1997

## APPLICATION ENQUIRY

for Admission to the Institute

SECRETARIAT  
PO Box 589 Woolgoolga NSW 2456  
Phone: +61 0410 082 201  
1300 407 406

Email: [info@aibef.org.au](mailto:info@aibef.org.au) Web: [www.aibef.org.au](http://www.aibef.org.au)

ABN 56 306 620 484

Twitter: @AIEFacilitator

LinkedIn Group: Australasian Institute of Business and Enterprise Facilitators

DR/Mr./Mrs./Miss/Ms:

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Preferred Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

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### Membership Structure:

Member (Post-nominal: MAIBEF)

Fellow (Post-nominal: FAIBEF)

Associate Member (Post-nominal: AAIBEF)

Organisation Associate Member

AIEF Membership Application Enquiry Form