

# MEMBERSHIP APPLICATION KIT



INSTITUTE OF MERCANTILE AGENTS

NATIONALLY  
REPRESENTING

- COLLECTORS
- INVESTIGATORS
- PROCESS SERVERS
- REPOSSESSION AGENTS

THROUGH

australian  
investigators  
association

australian  
mercantile  
agents  
association

The Institute of Mercantile Agents [IMA] nationally represents agents throughout Australia and welcomes new members to assist in achieving its mission to:

- represent the professional interests of those involved in the industries of investigations, debt collection, process serving and repossessions
- foster a membership committed to the highest level of ethics, integrity and best business practice
- advance members interests nationally with government, business and the general community to provide an environment for their ongoing commercial success.

As a member, participate in meetings of our sector groups according to your interests:

- Australian Investigators Association
- Australian Mercantile Agents Association

The IMA demands high standards from its members who are required to abide by the IMA's Code of Ethics and Code of Conduct both of which encourage professional and ethical standards.

Before proceeding to complete your application, please look on our website to review:

- [Our Constitution and By Laws](#)
- [Our Code of Conduct & Code of Ethics](#)
- [The classes of membership available and their respective benefits](#)
- [Details of our Bond Scheme](#)

Joining is very simple - complete the enclosed application form (including providing copies of all requested supporting documents) and return it with your payment representing one year's membership fees to:

Institute of Mercantile  
Agents PO Box 2796  
Ascot QLD 4007

Or submit via email to: [admin@imal.com.au](mailto:admin@imal.com.au).

Any enquiries in relation to your application please contact us by telephoning (02) 4927 0477 or by emailing [admin@imal.com.au](mailto:admin@imal.com.au).

## Membership process explained

By Law 2001.19.2 of the Institute explains the membership approval process:

1. All individuals, associations, partnerships, firms and corporations seeking membership as an ordinary, national, affiliate or operator member of the Institute shall complete and lodge with the Institute's National Secretary/ Executive Director an application form as set out in Annexure By Law 2001.1. Each application must be accompanied by the prescribed fees.
2. Each application for membership received by the Institute's National Secretary/ Executive Director shall be published in an Institute's publication after consideration by the National Board.
3. An applicant shall be admitted as a provisional member of the respective class of membership of the Institute applied for and such application shall be advertised in a publication of the Institute and if no written objection is received by the National Secretary/ Executive Director within 30 days after such publication the election to provisional membership will be ratified, cancelled or otherwise dealt with at the next meeting of the National Board, such decision being made upon obtaining a two thirds majority vote of the National Board.
4. If an objection is received in writing such objection shall be considered at the next meeting of the National Board and if overruled by a two thirds majority vote of the National Board the applicant shall continue as a provisional member of the respective class of membership applied for.
5. A successful applicant shall remain as having provisional membership status until full membership as an ordinary, national, affiliate or operator member is confirmed by the National Board or by the delegated authority of the Institute's National Secretary/ Executive Director. Such provisional status shall not be less than twelve calendar months nor exceed eighteen calendar months from the date of admission to the Institute.

## Membership Fees

TYPE OF MEMBERSHIP	FEE (incl GST)	OVERSEAS FEE
<b>Affiliate</b>		
Individual connected to/working in an agency	\$330.00	\$300.00
Individual in collection department not being a mercantile agency	\$540.00	\$490.91
All others including corporations, suppliers, exhibitors	\$1,060.00	\$963.64
<b>Ordinary</b>		
Individuals (not a sole trader)	\$540.00	\$490.91
Sole traders (carrying on business on their own account), partnerships & corporations operating in one state/territory only (ie no offices beyond state/territory & not advertising to undertake work beyond such state/territory)	\$660.00	\$600.00
Public company or equivalent	\$2,910.00	\$2,645.45
<b>National</b>		
This covers sole traders (carrying on business on their own account), partnerships & corporations operating beyond one state/territory (ie either having offices located beyond one state/territory and/or advertising and/or undertaking management of work beyond one state/territory) - rate to be determined by number of states of operation and/or categories below:		
2 states	\$990.00	\$900.00
3 to 4 states	\$1,730.00	\$1,572.73
Greater than 4 states	\$2,910.00	\$2,645.45
Public company or equivalent	\$2,910.00	\$2,645.45
<b>Other</b>		
Operator Membership (engaged by an Ordinary or National Member)	\$110.00	\$100.00
Student Membership	\$130.00	\$118.18
Please note all payments by credit card will incur a 2.0% surcharge		

## MEMBERSHIP APPLICATION FORM

Application is hereby made to be admitted by the Institute of Mercantile Agents Ltd [IMA] as a  
 National member    Ordinary member    Affiliate member    Operator member    Student member  
Payment details for \$\_\_\_\_\_ being the 1<sup>st</sup> year's membership fees are provided over the page.

I/We submit the following details in support of this Application:

If applying for individual membership, state YOUR name in full. If a registered business or corporation, insert registered name. If a corporation trading under a business name, please state the corporation name and trading name in full).

### 1. Business and contact details:

Full legal name: .....

Trading name: .....

Corporation's Registered Office address: .....

ABN: .....

Place of business: .....

Postal address: .....

Tel: Office: (.....)..... Home: (.....)..... Email: .....

Mobile: (.....)..... Fax: (.....)..... Website: .....

Services offered: *[Tick as many as are relevant]*

- Collections    Factual Investigations    Field Calls    Litigation Support Services  
 Process Serving    Receivables management    Repossessions    Skip Tracing  
 Surveillance Investigations

### 2. Name of Ordinary/National Member your business is engaged by [Operator membership applicants only]:

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### 3. Names, residential addresses and date of birth:

Please list full details for INDIVIDUAL, all PARTNERS or in the case of a CORPORATION, all DIRECTORS and SECRETARIES

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.....  
.....

### 4. Date business commenced under current ownership: .....

### 5. Nominee: Corporations must nominate in writing a representative to vote on its behalf - the Nominee can be changed in writing with the Chairman prior to commencement of any meeting. Nominee must also complete question 11 on this form.

Full name: ..... Date of birth .....

Address: ..... Email: .....

### 6. Does your business have branch offices? If so, state branch office address(s)?

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### 7. Type of Licence issued/applied for: .....

Issuing Authority: .....

Please attach copies of licenses

## ALL APPLICANTS TO COMPLETE

8. (a) Has the applicant (or any partner or any director, secretary or nominee of a corporation) been registered under the Bankruptcy Act or been under any special financial arrangement with his creditors, or been a director of a corporation which has gone into liquidation, had a receiver/manager appointed, or official or unofficial meeting of creditors?    YES    NO

(b) Has the applicant (or any partner or any director, secretary or nominee of a corporation) ever been convicted of any criminal offence?  YES  NO

If YES to either 7(a) or 7(b) full particulars must be supplied and attached to this application

9. Has the applicant (or any partner or any director, secretary or nominee of a corporation) ever been, or applied to be a member of this IMA? If so, please provide details:

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10. Character references: supply names, telephone & fax numbers for 3 referees:

- i. ....
- ii. ....
- iii. ....

Note: in the case of corporations, please supply details of referees for the directors, secretary and nominee.

11. Give details of past mercantile agency experience of the applicant (or any partner or any director, secretary or nominee of a corporation)

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The applicant hereby declares that the statements made in this application are correct and agrees that if granted membership and for so long as the membership with the Institute of Mercantile Agents Limited [the "IMA"] shall continue:

- the applicant will be governed by the Constitution\* and Bylaws\* of the Institute (available at [www.imal.com.au](http://www.imal.com.au));
- Any dispute relating to the applicant's membership or any other matter involving the IMA shall be determined by the laws of the State of New South Wales and in the courts of New South Wales;
- the applicant will adhere to and be bound by the Code of Ethics\* and Code of Conduct\* of the IMA;
- the applicant will promote the Objects\* of the IMA;
- the applicant notes **membership if approved shall be continuing with membership fees billed annually;**
- the applicant **undertakes to inform the IMA in writing of an intention to resign membership**  
If membership is not resigned in writing within 2 calendar months of the commencement of the membership year any unpaid fees for such year shall be immediately due and payable by the member (as per IMA Constitution Part 3.10)

and further the applicant hereby consents to the IMA making all such inquiries it deems necessary in the course of approval or rejection of this application for membership now or at any time in the future.

[\* A reference to the Institute's Constitution, Bylaws, Code of Ethics, Code of Conduct or Objects shall be a reference to how such documents are presently formed or as they may be amended in the future]

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_

For and on behalf of [business name or corporation]: \_\_\_\_\_

**PAYMENT DETAILS:**

Direct deposit of \$\_\_\_\_\_ (incl. GST) has been made to: Institute of Mercantile Agents Limited  
BSB: 650 000 Account No: 966 508 400

OR  Please debit my  MASTERCARD  VISA

in the amount of \$\_\_\_\_\_ (incl. GST and 2% credit card payment surcharge)

Card Number \_\_\_\_\_ Name of Cardholder \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_