

Customer Service Institute of Australia



Personal Details

Title: _____ Name: _____

Private Address: _____

City: _____ State: _____ Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Personal email: _____

Organisation Details

Title in Organisation: _____

Organisation: _____

Organisation Address: _____

City: _____ State: _____ Post: _____

Telephone: _____ Facsimile: _____

Business email: _____

Preferred Address for Correspondence: Private Business

Main activity of Organisation/ Department: _____

Annual Turnover/Dept. Budget (optional): _____ No. of Employees (optional): _____

Summary of Business Experience

Current and Previous Job Titles	Organisation	Brief Job Description	From Mth/Yr	To Mth/Yr

Professional & Educational Qualifications

Qualification Gained	Course Administered by	Year Awarded

Official use only

Member number: _____

Membership pack sent Date: _____

Payment received Date: _____

Please see over...

