

Form A1: Strata Management Corporate Membership 2020/2021

Cost: \$510 (incl. GST) plus \$0.55 (incl. GST) for every lot managed. The ongoing calculation of fees will be as of 30 June of every year (Per lot basis)

Note: This level is for strata management practices and the entity is known as the member and nominates at least one certified strata manager to give it voting rights. The membership includes unlimited nominated persons/individual members.

Please note that your membership entitlements can be viewed on the [SCA \(Qld\) website](#)

Eligibility criteria

The corporate entity must be able to nominate at least one industry qualified manager (i.e. a certified strata community manager) to enable a corporate certificate to be issued.	The company must carry professional indemnity insurance as prescribed by the Board.
The corporate entity has not been declared bankrupt.	The current prescribed minimum for professional indemnity insurance is \$2million on any one claim.
	A PI Insurance Certificate must accompany the application.

Name of Entity: _____ ABN: _____

Postal address: _____ Post Code: _____

Street Address: _____ Post Code: _____

Telephone: _____ Email Address: _____

Website: _____

Payment Calculation	
Base Membership Fee for entity	\$ 510.00
Lot calculation as follows:	
No. of Lots = _____	\$
x \$0.55 =	
TOTAL TO PAY:	\$

Please indicate the means of payment:

[...] EFT Account Name: SCA (Qld) Ltd | BSB: 184-446 |
Acct Number: 303229421 | Reference: [Your company name]

[...] Cheque (made payable to SCA (Qld) Ltd)

[...] Visa [...] MasterCard [...] Amex
(Credit card surcharge applies—Visa/Mastercard—1.3% Amex—1.5%)

Name on card: _____

Card no: _____

Expiry: _____ Signature: _____

Attachments: ☐ PI Insurance Certificate ☐ at least one Certified Member application (Form B1b)

DECLARATION TO THE BOARD I acknowledge that acceptance of this application is subject to determination by the SCA (Qld) Board of Directors and that any decisions by the Board pertaining to this application will be final and binding.

The contact information provided will be published on the [SCA Member Directory](#).

- I agree to be governed by the [Constitution of SCA \(Qld\) Ltd](#) (ABN 151 638 819 27) and the [Code of Ethics](#) of that body.
- I hereby declare that the statements and particulars contained in this application are true and accurate and that any material facts have not been suppressed or misstated. I understand that if any declaration be found to be false or misleading, it will lead to immediate cancellation of membership.

Signature: _____ Date: _____

Form B1b:

CERTIFIED Strata Community Manager 2020/2021

This is the **highest level of accreditation** for staff of strata management companies.

• Must be employed by a corporate member • Must abide by the Code of Ethics • The application will not meet the criteria guidelines where the applicant is not of good repute within the industry, has outstanding commissioner orders concerning practice standards, or where there is a history of commissioner orders of concern about practice standards and/or ethical issues • Where the applicant is not known to the SCA (Qld) Executive Officer (EO) or the Board of Directors, the EO may request further information, e.g. usually by way of a Proposer and Second for the application. • Has not been declared bankrupt or convicted of an offence involving dishonesty.	Please tick eligibility criteria applicable to you: ☐ Certificate IV in Property Services Operations or Strata, plus minimum of 2 years experience; or ☐ other equivalent Cert IV level qualification (subject to a case-by-case assessment by SCA (Qld) Board approval) plus 2 years experience ☐ To be eligible for renewal, Certified members are required to collect 10 CPD points per annum
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☐ I have been a member before. Year: _____ Company: _____

Name: _____

Position: _____

Company Name: _____

Postal address: _____

Telephone: _____ Mobile _____

E-mail address: _____

Alternative E-mail address: _____

Type of Role:

- ☐ Principal/Director
- ☐ Senior Body Corporate Manager
- ☐ Body Corporate Manager

Attachments: ☐ Proof of Certificate IV in Property Services Operations - Strata completion **and** proof of 2 years on-job training from employer; **or**

☐ Proof of equivalent Certificate IV and Letter to SCA (Qld) Board applying for case-by-case assessment **and** proof of 2 years on-job training from employer

DECLARATION TO THE BOARD

I acknowledge that acceptance of this application is subject to determination by the SCA (Qld) Board of Directors and that any decisions by the Board pertaining to this application will be final and binding.

- I agree to be governed by the [Constitution of SCA \(Qld\)](#) Ltd (ABN 151 638 819 27) and the [Code of Ethics](#) of that body.
- I hereby declare that the statements and particulars contained in this application are true and accurate and that any material facts have not been suppressed or misstated. I understand that if any declaration be found to be false or misleading, it will lead to immediate cancellation of membership.
- I acknowledge that my details may be shared in accordance with the SCA Privacy Policy.
- I acknowledge that my image (photo or video) may be taken by SCA (Qld) and utilised for internal marketing or education purposes.

Signature: _____ Date: _____

Form B1a:

ACCREDITED Strata Community Manager 2020/2021

This is the **first level of accreditation** for staff of strata management companies. If you have a Certificate IV Property Services Operations or Strata you may be eligible for Certified Strata Community Manager Membership; see Form B1b.

Eligibility criteria

• Must be employed by a corporate member • Must abide by the Code of Ethics • The application will not meet the criteria guidelines where the applicant is not of good repute within the industry, has outstanding commissioner orders concerning practice standards, or where there is a history of commissioner orders of concern about practice standards and/or ethical issues • Where the applicant is not known to the SCA (Qld) Executive Officer (EO) or the Board of Directors, the EO may request further information, e.g. usually by way of a Proposer and Seconder for the application. • Has not been declared bankrupt or convicted of an offence involving dishonesty.	Please tick eligibility criteria applicable to you: ☐ Mandatory introductory course - A100 (minimum 2 days with completion of competency questionnaire); ☐ To be eligible for renewal, accredited members are required to collect 5 CPD points per annum.
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☐ I have been a member before. Year: _____ Company: _____

Name: _____

Position: _____

Company Name: _____

Postal address: _____

Telephone: _____ Mobile: _____

E-mail address: _____

Alternative E-mail address: _____

Type of Role:

- ☐ Principal/Director
- ☐ Senior Body Corporate Manager
- ☐ Body Corporate Manager
- ☐ Other administrative Staff

Attachments: ☐ Proof of 2-Day- introductory course attendance (A100)

DECLARATION TO THE BOARD

I acknowledge that acceptance of this application is subject to determination by the SCA (Qld) Board of Directors and that any decisions by the Board pertaining to this application will be final and binding.

- I agree to be governed by the [Constitution of SCA \(Qld\)](#) Ltd (ABN 151 638 819 27) and the [Code of Ethics](#) of that body.
- I hereby declare that the statements and particulars contained in this application are true and accurate and that any material facts have not been suppressed or misstated. I understand that if any declaration be found to be false or misleading, it will lead to immediate cancellation of membership.
- I acknowledge that my details may be shared in accordance with the SCA Privacy Policy.
- I acknowledge that my image (photo or video) may be taken by SCA (Qld) and utilised for internal marketing or education purposes.

Signature: _____ Date: _____

Form B1:

Strata Management Individual Member 2020/2021

- ENTRY LEVEL -

This is an **entry level membership** for staff of strata management companies. If you choose to apply for accreditation, refer to the previous pages.

Eligibility criteria

• Must be employed by a corporate member • Must abide by the SCA Code of Ethics • The application will not meet the criteria guidelines where the applicant is not of good repute within the industry, has outstanding commissioner orders concerning practice standards, or where there is a history of commissioner orders of concern about practice standards and/or ethical issues	• Must attend "Strata Starter" within first 12 months of membership • Where the applicant is not known to the SCA (Qld) Executive Officer (EO) or the Board of Directors, the EO may request further information, e.g. usually by way of a Proposer and Seconder for the application. • Has not been declared bankrupt or convicted of an offence involving dishonesty.
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☐ I have been a member before. Year: _____ Company: _____

Name: _____

Position: _____

Company Name: _____

Postal address: _____

Telephone: _____ Mobile: _____

E-mail address: _____

Alternative E-mail address: _____

Type of Role:

- ☐ Principal/Director
- ☐ Senior Body Corporate Manager
- ☐ Body Corporate Manager
- ☐ Administrative Staff
- ☐ _____

Attachments: ☐ Proof of industry general admission course (if already attained)

DECLARATION TO THE BOARD

I acknowledge that acceptance of this application is subject to determination by the SCA (Qld) Board of Directors and that any decisions by the Board pertaining to this application will be final and binding.

- I agree to be governed by the [Constitution of SCA \(Qld\)](#) Ltd (ABN 151 638 819 27) and the [Code of Ethics](#) of that body.
- I hereby declare that the statements and particulars contained in this application are true and accurate and that any material facts have not been suppressed or misstated. I understand that if any declaration be found to be false or misleading, it will lead to immediate cancellation of membership.
- I acknowledge that my details may be shared in accordance with the SCA Privacy Policy.
- I acknowledge that my image (photo or video) may be taken by SCA (Qld) and utilised for internal marketing or education purposes
- I will not be entitled to carry post-nominals

Signature: _____ Date: _____