



POSTAL ADDRESS:

GPO Box 2851,
ADELAIDE S.A. 5001

Telephone (08) 8224 0377
Fax (08) 8224 0322

OFFICE ADDRESS:

Level 17, Education Centre,
31 Flinders Street,
ADELAIDE S.A.

ABN 22 508 700 110

I hereby apply for Membership of the Association and enclose herewith my payment in support thereof.

SIGNATURE: + **JP I.D. Number**

PLEASE PRINT

(Mr. Mrs. Miss. Ms. Etc.)
(Given Names) (Surname)

Residential Address
.....Post Code

Postal Address
.....Post Code

Home Telephone No.Mobile

Email AddressDate of Birth

Occupation

Employer's Name
and Address

WORK Telephone No

DATE OF APPOINTMENTMEMBERSHIP No
(office use only)

EXPIRY DATEJOINING DATE
(office use only)

NEW MEMBERS PLEASE NOTE: Our Annual Subscription period is from
1st September to 31st August the following year.

| | |
|-------------------------|----------------|
| ANNUAL SUBSCRIPTION FEE | \$38.50 |
| GST | 3.85 |
| JOINING FEE | \$ 5.00 |
| MEMBERSHIP BADGE | <u>\$ 6.00</u> |
| <u>TOTAL</u> | <u>\$53.35</u> |

THIS APPLICATION FORM IS APPLICABLE ONLY TO 31st AUGUST, 2011

My payment by Cheque..... **Money Order**..... **Cash**.....

Credit Card - Visa**Mastercard**.....**No:**...../...../.....
(*\$1.50 Processing Fee applies to Credit Card Payments*)

Expiry Date/..... **Signature**.....