

## Membership Application/Tax Invoice\*

### BENEFITS OF MEMBERSHIP OF ADAPE AUSTRALASIA:

- > On-line access to the entire ADAPE Australasia membership to the ADAPE Directory, allowing networking opportunities, access to information and advice from other members throughout Australia, New Zealand and Asia;
- > Members Only use of the ADAPE Bulletin Board to post notices and documents to share, providing access to documents posted by other members or simply contacting members individually;
- > Exclusive access to ADAPE online Library of articles and resources;
- > Discounted rates for ADAPE's biennial International Conferences (the next being held in Adelaide between 8-10 September 2010) and Mini Conferences;
- > Regular Professional Development programs;
- > Opportunities to receive Professional Development Scholarships following a successful application process;
- > Regular updates from ADAPE Australasia, including e-magazine and notices of positions vacant;
- > Annual, hard copy, Face to Face magazine;
- > The ability to use the post nominals ADAPEM for members and ADAPEF for Fellows as evidence of your membership of the professional organisation
- > The knowledge that you belong to a strong network of professionals who are prepared to freely share their information and experiences.

### 2010 SUBSCRIPTION RATES

(please tick appropriate memberships)

- \_\_\_\_\_ First member \$A290.00 (including GST)
- \_\_\_\_\_ Second member \$A245.00 (including GST)
- \_\_\_\_\_ Subsequent memberships \$A210.00 (including GST)

### POST FORM (AND CHEQUE IF APPLICABLE) TO

ADAPE Australasia  
 Administrator  
 PO Box 702  
 Camberwell South,  
 VIC 3124 AUSTRALIA

Or FAX for payments by Electronic Transfer +61 3 9818 1785

### CONTACT FOR ENQUIRIES

Caroline Gracie, ADAPE Australasia  
 EMAIL [adape@nswact.adape.org.au](mailto:adape@nswact.adape.org.au) ph (02) 9972 4677  
 WEBSITE [www.adape.org.au](http://www.adape.org.au)  
 ABN 48294 772 460, ACN 137 660 916

*\*This form should be treated as your tax invoice and upon payment, as your tax receipt.*

### YOUR DETAILS (USE BLOCK LETTERS PLEASE)

Title (Mr, Ms, Mrs, Miss, Dr.) \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Position \_\_\_\_\_

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_  
 \_\_\_\_\_

Work Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

I apply for membership of the following Chapter (please circle)

NSW/ACT    QLD    VIC/TAS    SA/NT    WA

### PAYMENT METHOD / DETAILS

A cheque for \$ .....00  
 made payable to ADAPE Australasia is enclosed.

**OR**

Credit Card Details: \_ \_ \_ \_ \_

Expiry: \_ \_ / \_ \_

Type of Card: Visa / Mastercard

Name on

Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**OR**

Electronic Funds Transfer

- NAB Maroubra  
 BSB 082-274 A/C  
 Account 16-398-6089  
 Please advise of direct credit payments by email  
 confirmation to [accounts@adape.org.au](mailto:accounts@adape.org.au)

I confirm that I have read and accept the Code of Conduct available at <http://www.adape.org.au/Page.aspx?pid=214&chid=2>.

I have checked the information above and agree to its publication as ADAPE membership information on the website and in printed material (DOB will not be published).

Signature \_\_\_\_\_

Date \_\_\_\_\_

*This application is subject to acceptance by the Board of ADAPE Australasia Ltd. ADAPE reserves the right to admit or reject this membership application.*

Major sponsor

## 2<sup>nd</sup> Member

### YOUR DETAILS (USE BLOCK LETTERS PLEASE)

Title (Mr, Ms, Mrs, Miss, Dr.)

\_\_\_\_\_

Name

\_\_\_\_\_

DOB

\_\_\_\_\_

Position

\_\_\_\_\_

Institution

\_\_\_\_\_

Institution Address

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Work Telephone

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Mobile

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Email

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\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

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## Subsequent Member

### YOUR DETAILS (USE BLOCK LETTERS PLEASE)

Title (Mr, Ms, Mrs, Miss, Dr.)

\_\_\_\_\_

Name

\_\_\_\_\_

DOB

\_\_\_\_\_

Position

\_\_\_\_\_

Institution

\_\_\_\_\_

Institution Address

\_\_\_\_\_

Work Telephone

\_\_\_\_\_

Mobile

\_\_\_\_\_

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\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

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***If more than 3 members per institution, please photocopy this form as required.***