|  |  |
| --- | --- |
| **Business Address** |  |
| #9 Fellows Road | **President:** Dr Ann Evans |
| Acton ACT 2601 | **Secretary:** Mr James O’Donnell |
| E: [secretary@apa.org.au](mailto:secretary@apa.org.au) | **Treasurer:** Dr Brian Houle |
| W: [www.apa.org.au](http://www.apa.org.au) | **JPR Editor:** Assoc. Prof. Santosh Jatrana |
| ABN: 61375675377 |  |

**Membership Renewal**

**Personal Details:**

Title: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/other address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP TYPE:** (Please circle your membership selection)

|  |  |  |
| --- | --- | --- |
| **Membership Type** | **1 Yr (thru to Jun-20)** | **2 Yr (thru to Jun-21)** |
| Ordinary | $130 | $250 |
| Full-time student | $80 | $150 |
| Concession (not in full-time employment) | $80 | $150 |
| Donation to APA (for retired professionals) | $50 | $100 |

**PAYMENT OPTIONS:** (Please tick and fill out the necessary details)

1. Direct Deposit

Transfer for the amount of $\_\_\_\_\_\_ made to:

Account name: Australian Population Association BSB: 082 080 A/C: 533 368 748.

**Please include your last name in the reference field.**

Please email [secretary@apa.org.au](mailto:secretary@apa.org.au) with notification of your payment.

1. Credit Card:

Please debit my credit card: $\_\_\_\_\_\_ Visa / Mastercard (please circle). We do not accept AMEX.

Name (as appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Expiry Date: \_\_\_\_ / \_\_\_\_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your completed form via email to** [**secretary@apa.org.au**](mailto:secretary@apa.org.au) **or via post to the address above.**