|  |  |
| --- | --- |
| **Business Address** |  |
| Northern Institute, Ellengowan Drive, Charles Darwin University | **President:** Dr Kim Johnstone |
| Casuarina Campus, Darwin NT 0909 | **Secretary:** Dr Kate Golebiowska |
| E: secretary@apa.org.au | **Treasurer:** Dr Brendan Churchill |
| W: [www.apa.org.au](http://www.apa.org.au)  | **JPR Editor:** Assoc. Prof. Santosh Jatrana |
| ABN: 61375675377 |  |

**New Membership Application**

**Personal Details:**

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **Membership Type** | **1 Yr (thru to Jun-23)** | **2 Yr (thru to Jun-24)** |
| Ordinary | $130 | $250 |
| Full-time student | $80 | $150 |
| Concession (not in full-time employment) | $80 | $150 |
| Donation to APA (for retired professionals) | $50 | $100 |

**MEMBERSHIP DIRECTORY:**

Do you wish to be included in the membership directory? ( ) Yes ( ) No

Academic qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 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****.**