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**APPLICATION FORM**

**FOR STUDENT ONLY**

**APPLICATION** for Choose an item. **STUDENT MEMBER**

**APPLICANT DETAILS Type or Print in BLOCK LETTERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE: -** | Choose a title |  |  |
| **NAME**: - | Family: Click or tap here to enter text. |  |  |
|  | Given: Click or tap here to enter text. |  |  |
| **HOME ADDRESS**: - | Click or tap here to enter text. |  |  |
|  |  |  |  |
|  | Postcode:Enter postcode | Phone:Enter phone number |  |  |
| **ADDRESS FOR MAILING**: - | Click or tap here to enter text. |  |  |
|  |  |  |  |
|  |  |  |  |
| **EMAIL ADDRESS: -** | Click or tap here to enter text. |  |  |

\*delete as appropriate

**EXISTING OR PREVIOUS MEMBERSHIP OF THE AUSTRALIAN ACOUSTICAL SOCIETY**

**Existing membership grade:** Choose an item.

Division Choose an item.

**Previous membership:** Year membership ceased Click or tap here to enter text.

Grade Choose an item. Division Choose an item.

**MEMBERSHIP OF OTHER SOCIETIES AND INSTITUTIONS**

**Name of Society Membership Grade Period in that Grade**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Enter grade | Enter dates |
| Click or tap here to enter text. | Enter grade | Enter dates |
| Click or tap here to enter text. | Enter grade | Enter dates |
| Click or tap here to enter text. | Enter grade | Enter dates |

**PLEASE EXPRESS YOUR INTEREST IN THE AIMS, OBJECTIVES AND ACTIVITIES OF THE SOCIETY:**

|  |
| --- |
| Click or tap here to enter text. |

**DETAILS OF FULL-TIME COURSE AT A POST-SECONDARY EDUCATIONAL INSTITUTION:**

I am enrolled in a **full-time** course at : Click or tap here to enter text.,

a post-secondary education institution and am receiving instruction and training in the

following course pertaining to acoustics; Click or tap here to enter text.

PLEASE ATTACH A CERTIFIED COPY OF YOUR MOST RECENT ACADEMIC TRANSCRIPT/PROOF OF ENROLMENT

**STATUTORY DECLARATION:**

**I,** ……………………………………………………………………………………………………………………………………………………...

**make the following declaration under the Statutory Declarations Act 1959:**

I hereby make application for admission to the Australian Acoustical Society as **a STUDENT.**

I declare that I am not employed for more than 20 hours per week.

I have attached a certified copy of my current Academic Transcript/Proof of Enrolment

On admission to membership of the Society I agree to abide by the Memorandum and Articles of Association, the By-Laws of the Society and to observe the Code of Ethics.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

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

(Applicant)

**Declared at**…………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………...**on**………/……../………

**Before me**………………………………………………………………………………………………………………………………………...……

**Signature of person before whom the declaration is made:** …………………………………………………………..…….

**Full name, qualification and address of person before whom the declaration is made (in printed letters):**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

*Notes: 1. The Council reserves the right to offer a grade of membership other than that applied for.*

 *2. Application fee is non-refundable.*

Scan and email completed application form along with payment to: GeneralSecretary@acoustics.asn.au

Or post to : General Secretary

 Australian Acoustical Society

 PO Box 1843

 TOOWONG QLD 4066