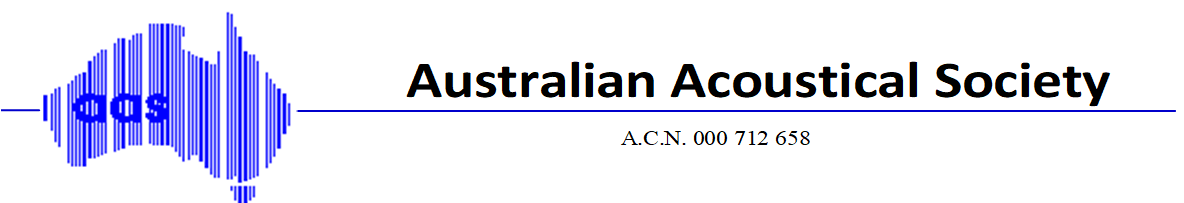
****



**APPLICATION FORM**

**FOR SUBSCRIBER ONLY**

**APPLICATION** for admission as / transfer to\* **SUBSCRIBER MEMBER**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TITLE: -** | Choose Title | |  |  |
| **NAME**: - | Family: Click or tap here to enter text. | |  |  |
|  | GivenClick or tap here to enter text. | |  |  |
| **HOME ADDRESS**: - |  | |  |  |
|  |  | |  |  |
|  | Postcode:Click or tap here to enter text. | Phone:Click or tap here to enter text. |  |  |
| **BUSINESS NAME**: - | Click or tap here to enter text. | |  |  |
| **BUSINESS ADDRESS**: - | Click or tap here to enter text. | |  |  |
|  |  | |  |  |
|  | Postcode:Click or tap here to enter text. | Phone:Click or tap here to enter text. |  |  |
| **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:**

|  |
| --- |
|  |

**DECLARATION**

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

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 declare that, to the best of my belief, the particulars and statements contained in this application are true and correct.

SIGNED.....................................................................................................................Date......./......./.......

*Notes: 1. The AAS 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](mailto:GeneralSecretary@acoustics.asn.au)

Or post to : General Secretary

Australian Acoustical Society

PO Box 1843

TOOWONG QLD 4066