



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.	
	Given: Click 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 membership grade Choose an item. Division Choose an item.

Grade Choose an item. Division Choose an item.

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

[illegible]

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

Or post to :
General Secretary
Australian Acoustical Society
PO Box 1843
TOOWONG QLD 4066