

Australian Acoustical Society

A.C.N. 000 712 658

APPLICATION FORM

FOR SUBSCRIBER AND STUDENT ONLY

<u>APPLICATION</u> for <u>Admission/Transfer</u> to grade of <u>Student/Subscriber</u>.

Refer to Membership Information and Guidelines for Completing Membership Application Form leaflets.

Type or Print in **BLOCK LETTERS**

APPLICANT DETAILS

TITLE (Dr/Mr/Mrs/Ms etc)

| NAME Family: | | | | | |
|------------------------|---------------------|---------------|---------------------------------|-------------------------------|--|
| Given: | | | | | |
| HOME ADDRESS | | | | | |
| | | | State: | Postcode: | |
| | Home Phone: () | | Mobile: | | |
| BUSINESS NAME | | | | | |
| BUSINESS ADDRESS | | | | | |
| | | | State: | Postcode: | |
| | Email: | | | | |
| | Phone: () | | Fax: () | | |
| MAILING ADDRESS | Business/Home/Other | | | | |
| | | l | State: | Postcode: | |
| EMAIL ADDRESS | | | | 1 | |
| *delete as appropriate | | | | | |
| | OFI | FICE USE ONLY | | | |
| Application for | | Secretary | Date Received// Date// Date// | | |
| Decision advised to | o:- . Registrar | cretary Divis | | Date// Acoustics Australia | |
| | //// | • | / | | |
| Original applicatio | n to Archivist | | Date | / | |

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| EXISTING OR PREVIOUS ME | MBERSHIP OF THE A | USTRALIAN ACOUST | ICAL SOCIETY | | |
|---|---|---|--|---------|--|
| Existing membership grade | embership grade | | Division | | |
| Previous membership: Year membership ceased | | Grade | Divisio | n. | |
| MEMBERSHIP OF OTHER SO (State name of society, grade of | | | | | |
| Name | | Grade | Per | Period | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. Application fee is r3. Application fee no | f the Society I agree to a to observe the Code of tained in this application | abide by the Memorand Ethics. I declare that, to n are true and correct. Date Trade of membership oth tion to transfer grade of | dum and Articles of A to the best of my belied te/ | ef, the | |
| STUDENT DECLARATION (To | are that : | olicant applying for Stu | dent grade.) | | |
| a post-secondary course | a post-secondary education institution and am receiving instruction and training in the following | | | | |
| 2. I am not employe | ed for more than 20 ho | urs per week. | | | |
| SIGNED | | Da | te/ | | |

Forward completed application form and application fee to:

General Secretary Australian Acoustical Society PO Box 1843 Toowong, QLD 4066

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