

Type of membership applied for:

Regular Member (\$45) Retired Member (\$25) Student (\$0)

Personal Information

Title _____ Given Name _____ Family Name _____
Other Name(s) _____
Unit/Department _____
Organisation/Institution _____
Mailing Address _____
Telephone(s) _____ email _____

In addition to the above, please visit the ASOR website www.asor.org.au and join the official ASOR email list by typing your email address into the box at the top right-hand side of any page on the site. (This is something we strongly encourage, as it is important for communication with and between members)

Details of Relevant Experience (optional)

Dates	Employer & Position	Relevant Experience

Details of Qualifications (optional)

Year	Institution	Qualifications Obtained

I declare that the information given above is true and correct in all particulars.

On admission as a member of ASOR, I undertake to be bound by the ASOR Constitution and By-Laws.

Signature _____ Date _____

Please send this completed form to info@asor.org.au

On acceptance of your application, ASOR will issue you with an invoice for payment of your registration fees.