



Individual Membership

INSTRUCTIONS: Please print, complete your application and submit :

By post: PO Box 84 Rosanna Victoria 3084 Australia
 By fax: 61 (3) 9497 4567

ASSID National Secretariat
 Telephone 61 3 9497 1926
 Free Call (Australia) 1800 644 741

Member Information

Organisation: _____

Position: _____

Title: Dr. Mrs. Ms. Mr. Prof. Other: _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

State: _____ Country: _____

Email: _____

Contact Phone No () _____

National Research Register
 ASSID maintains a national database of research and professional / researcher interests. You are invited to register your interests and publications, together with your educational and professional development / training activities. Feel free to select your current professional activities from the list below (*Please note that these key topics have been derived using IASSID terms*).

| | | |
|---|---|--|
| <input type="checkbox"/> Quality of Life | <input type="checkbox"/> Education | <input type="checkbox"/> High Support Needs |
| <input type="checkbox"/> Social Integration & Interpersonal relationships | <input type="checkbox"/> Mental health | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Family Issues & Parenting | <input type="checkbox"/> Leisure & Recreation | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Forensic & the Criminal Justice System | <input type="checkbox"/> Employment | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Psychology | <input type="checkbox"/> Professional Issues |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Ageing | |

TAX INVOICE

GST INCLUDED IN AUSTRALIAN MEMBERSHIP FEES

Please find enclosed my cheque/money order payable to ASSID for **\$127 AUD / \$142 NZD** or

I authorise the sum of **\$127 AUD / \$142 NZD** to be charged to my Visa/Mastercard account:

Card No

Cardholder's Name _____ Signature _____ Exp Date ____/____

I understand that my full payment will entitle me to 12 months membership (from date of processing), that membership renewals fall due in July of each year and that I will be credited with any unused portion of this year's payment against next year's subscription.

Office use only:

| | |
|------------|-------|
| Member No. | _____ |
|------------|-------|