



## Student Membership

### Full-Time Student Membership:

Available to full-time students (graduate or undergraduate) preparing for a career in disabilities.

**INSTRUCTIONS:** Please print, complete your application and submit :

ASSID National Secretariat

By post: PO Box 84 Rosanna Victoria 3084 Australia

Telephone 61 3 9497 1926

By fax: 61 (3) 9497 4567

Free Call (Australia) 1800 644 741

### Member Information

Title:  Miss  Mrs  Ms.  Mr  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               |  |

### Educational Information

Name of Course: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

University / College name & stamp: \_\_\_\_\_

### TAX INVOICE

GST INCLUDED IN AUSTRALIAN MEMBERSHIP FEES

Please find enclosed my cheque/money order payable to ASSID for **\$70 AUD / \$78 NZD** or

I authorise the sum of **\$70 AUD / \$78 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 renews 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.	_____
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