



**MEMBERSHIP FORM 2015/2016**

**Renewal**

*Please mark one*

**New Membership**

<b>Title</b>		<b>First name</b>		<b>Surname</b>	
<b>Organisation</b>					
<b>Building / Level</b>					
<b>Street / Post Box</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Business phone</b>		<b>Mobile</b>			
<b>Home phone</b>		<b>Fax</b>			
<b>Email</b>			<b>Web address</b>		
<i>Corporate Members: Please nominate the voting member and list the individuals included in the membership</i>					
<b>Members</b>			<b>Email</b>		

<b>Membership Categories</b>	
<b>Individual memberships</b>	<b>Corporate membership</b>
<b>Individual – Concessional</b> Eligibility: Volunteers, part time employed (2 days a week or less).	<b>Not for profit Community Organisation*</b> Not-for profit organisation paying for up to 5 discounted multiple memberships. One individual must be named as the primary voting member.
<b>Individual – Student</b> Eligibility: Full time studies. Evidence of full-time student status is required.	<b>Small Organisation</b> Small for profit organisation paying for up to 5 discounted multiple memberships. One individual must be named as the primary voting member.
<b>Individual- Professional</b> Eligibility: Full-time employees/professions paying their own membership.	<b>Large Organisation</b> Large for profit organisation paying for 6 to 10 discounted multiple memberships. One individual must be named as the primary voting member.

\* To find out if your organisation is eligible for not-for-profit institution status please contact the AIPN for details.



**Membership Subscriptions** *(tick applicable)*

**Individual:**

- Individual – Concessional** **\$65.00**
- Individual – Student** **\$65.00**
- Individual – Professional** **\$95.00**

**Corporate:**

- Not-for-profit community** *(up to 5 members)* **\$200.00**
- Small organisation** *(up to 5 members)* **\$325.00**
- Large organisation** *(6 to 10 members)* **\$455.00**

**Total \$** (\$AUD)

**Payment Method** *(please nominate method)*

EFT

Account Name: Australian Injury Prevention Network (Inc).  
BSB: 012-006 Account No: 269274776.

**Please use your name, organisation or Tax Invoice No as the reference.**

Credit Card

**Card Type – please tick**

Visa

MasterCard

Card Number: 

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CVC # 

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This is the 3 digit number on the back of your credit card & is required to complete MOTO transactions

Card expiry date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Cheque

Please make cheques payable to Australian Injury Prevention Network (Inc)

PayPal

Please make payment to [secretariat@aipn.com.au](mailto:secretariat@aipn.com.au)

**Thank You**

**Secretariat Use only**

Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Tax Invoice/Receipt # \_\_\_\_\_