

MEMBERSHIP APPLICATION / RENEWAL

Renewal

Please select one

New Membership

Title		First name		Surname	
Organisation					
Building / Level					
Street / Post Box					
Suburb		State		Postcode	
Country					
Contact phone #			Mobile #		Fax
Email		Web address			
<i>Corporate Members: Please nominate the voting member and list the individuals included in the membership</i>					
Members			Email		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Membership Type *(tick applicable)*

Individual:

Professional

\$115.00

Concessional

\$75.00

Organisation:

Not-for-profit community *(up to 5 members)*

\$300.00

Small organisation *(up to 5 members)*

\$450.00

Large organisation *(up to 10 members)*

\$550.00

Total \$

(\$AUD)

Please see next page for membership category eligibility criteria and payment methods

Membership Categories	
Individual memberships	Corporate membership
Individual- Professional <i>Eligibility criteria: Full-time employed OR earning more than \$35k per year</i>	Not for profit Community Organisation* <i>Eligibility criteria: community not-for-profit organisations/ ACNC registered charities. Inclusions: membership for up to 5 people – 1 to be nominated as the voting member</i>
Individual – Student/Concessional <i>Eligibility criteria: Full-time students OR earning less than \$35k per year OR Indigenous person OR volunteer workers</i>	Small Organisation <i>Eligibility criteria: government agencies, academic institutions, private enterprise. Inclusions: membership for up to 5 people – 1 to be nominated as the voting member</i>
	Large Organisation <i>Eligibility criteria: government agencies, academic institutions, private enterprise. Inclusions: membership for up to 10 people – 1 to be nominated as the voting member</i>

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

Payment Method *(please nominate method)*

EFT Account Name: Australian Injury Prevention Network (Inc)
 BSB: 012-006 Account No: 269274776.
Please use your name, or organisation as the reference.

Credit Card **Card Type – please tick** Visa MasterCard

Card Number: - -

CVC # 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 Australasian Injury Prevention Network (Inc)

Membership applications and renewals can also be completed on the AIPN website <https://aipn.com.au/membership> using either PayPal or credit card payment

Thank You

Treasurer Use only

Date Paid _____ Payment Method _____ Tax Invoice/Receipt # _____