Australian Association for Professional and Applied Ethics Inc.

ABN 91 541 307 476 http://aapae.org.au

RENEWAL / APPLICATION FOR MEMBERSHIP – 2019-20⁽¹⁾

Please email or post your completed form to the AAPAE Secretary

Postal address: AAPAE, C/- GPO Box 1692, Melbourne VIC 3001

Email: info@aapae.org.au Tel: +61 (0) 7 3735 5189

Name	ne:	litte:				
Posta	tal address:					
		Postcode:				
Orgai	anisation:					
If Inst	stitutional Membership, name of contact person:					
Telep	phone: (1)(2)				
Email	ail address:					
for Pr provi the b partic	ply to become a member / renew my membership (cross our Professional and Applied Ethics Inc., and agree to be bound by ided evidence of my strong interest in professional or applied back of this form (interest may be evidenced by way of qualificicipation, or through any other endeavour that requires the lied ethics).	by the constitution of the Association. I have ed ethics (new members only), as noted or cations, experience, publications, conference				
Signa	nature of applicant:	Date:				
I encl	close payment of:					
[]	A\$90 Individual membership ⁽³⁾ or [] A \$	25 Concession membership ^{(2), (3)}				
REIO	use note that from 2016 onwards, individual and concessional Conference Proceedings volume direct from Emerald Grou @aapae.org.au for further details.					
<u>Mast</u>	stercard or Visa					
Card	d no:	Exp. Date:/				
Cardl	dholder's name:					
Signa	ature:	Date:				
OR	[] Electronic funds transfer (EFT) Account name: Australian Association for Professional and Applied Ethics BSB: 063 408 Account number: 10018617 SWIFT code: CTBAAU2S (for international bank transfers)					
OR	[] I enclose a Cheque / Bank Draft (in Australian dollars) Australian Association for Professional and Applied Ethic	• •				
(1)	Membership covers the period from 1 April to 31 March and includes entitlement to receive the AAPAE's bi-annual newslette Australian Ethics, and a reduced registration rate for the Annual Conference.					

As the AAPAE is not registered for Goods and Services Tax (GST), GST is not levied on membership fees.

(2)

(3)

Students and others entitled to concessions.

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For **NEW MEMBERS**, please complete the following sections.

For **RENEWING MEMBERS**, please only complete if you wish to update your details/change your preferences.

Evide	ence of my	strong interest	t in professional or ap	plied ethics		
be ev	videnced b	nstitutional entity] confirm my strong interest in professional or applied ethics (interest may way of qualifications, experience, publications, conference participation, or through any othe requires the application or knowledge of professional or applied ethics):				
		tory information				
mem	bers and o	others (upon rec	quest only) to provide		rectory will be made available to es. Please include here only such ctory.	
[]	Same as	overleaf				
Name:					Title:	
Qual	ifications:					
Posit	ion:					
Orga	nisation:					
Telephone:		(1)		(2)		
Emai	l address:					
[]			address on the AAPAI			
Spea	ker reque	sts				
[]	profession	am willing to consider requests from organisations for the AAPAE to provide a speaker on topics in professional and applied ethics (your personal details will not be made available to others, other than the AAPAE Committee members, without your specific approval). My preferred topics include:				
For c	office use o					
Prop	oser:			Seconder:		
Date	admitted	to membership:	:			

The AAPAE respects and protects the privacy of its members, and is bound by the provisions of the *Privacy Act* 1988 (Cth), including the Australian Privacy Principles.