Australian Association for Professional and Applied Ethics Inc.

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

RENEWAL / APPLICATION FOR MEMBERSHIP – 2017-18⁽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:			Title:
Postal a	ddress:		Postcode:
Organisa	ition:		
If Institu	tional Membership, name of conta	act person:	
Telepho	ne: (1)	(2)	
Email ad	dress:		
for Profe provided the back	essional and Applied Ethics Inc., and evidence of my strong interest in of this form (interest may be evidention, or through any other endeav	membership (cross out as applicable) of d agree to be bound by the constitution professional or applied ethics (new meanced by way of qualifications, experience your that requires the application or known	of the Association. I have embers only), as noted on e, publications, conference
Signatur	e of applicant:		Date:
I enclose	e payment of:		
[] A\$	90 Individual membership ⁽³⁾	or [] A\$25 Concession m	embership ^{(2), (3)}
[] A\$	200 Institutional/Corporate mem	bership ⁽³⁾	
hardcopy		pers (individual, concession, and institutionance Proceedings volume direct from Emeral further details.	
Card no:		E:	xp. Date:/
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Signatur	e:		Date:
Ā		iation for Professional and Applied Ethic .8617 SWIFT code: CTBAAU2SXXX (for int	
-] I enclose a Cheque / Bank Draft ustralian Association for Professio	(in Australian dollars), payable to: nal and Applied Ethics	

- (1) Membership covers the period from 1 April 2017 to 31 March 2018, and includes entitlement to receive the AAPAE's bi-annual newsletter, *Australian Ethics*, and a reduced registration rate for the Annual Conference.
- (2) Students and others entitled to concessions.
- (3) As the AAPAE is not registered for Goods and Services Tax (GST), GST is not levied on membership fees.

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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.

	•	institutional/corporate entity] confirm my strong interest in pro	ofessional or applied ethics
(interes	t may b	be evidenced by way of qualifications, experience, publications, of her endeavour that requires the application or knowledge of professions.	conference participation, or
Membe	r direct	tory information	
membe	rs and c	intains a directory of members. The intention is that this directo others (upon request only) to provide networking opportunities. P you wish to make available to others in the membership directory	lease include here only such
[] Sa	ame as	overleaf	
Name:			Title:
Qualifica	ations:		
Position	n:		
Organis	ation:		
Telepho	ne:	(1)(2)	
Email ac	ddress:		
		nclude my email address on the AAPAE's distribution list.	
Speaker	r reques	sts	
[] I i	am will rofessio	ling to consider requests from organisations for the AAPAE to proposed and applied ethics (your personal details will not be made avantable Committee members, without your specific approval). My preference	ailable to others, other than
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For offic	ce use c	only	
Propose	er:	Seconder:	
		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.