Australian Association for Professional and Applied Ethics Inc.

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

RENEWAL / APPLICATION FOR MEMBERSHIP $-2018-19^{(1)}$

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	ame:	Title:	
Posta	estal address:		
		Postcode:	
Orgai	ganisation:		
If Inst	Institutional Membership, name of contact person:		
Telep	lephone: (1)(2)		
Email	nail address:		
for Provi provi the b partic	pply to become a member / renew my membership (cross out as a Professional and Applied Ethics Inc., and agree to be bound by the ovided evidence of my strong interest in professional or applied the back of this form (interest may be evidenced by way of qualification and interest may be evidenced by way of qualification articipation, or through any other endeavour that requires the applied ethics).	ne constitution of the Association. I have ethics (new members only), as noted or ons, experience, publications, conference	
Signa	gnature of applicant:	Date:	
I encl	nclose payment of:		
[]] A\$90 Individual membership ⁽³⁾ or [] A\$25	Concession membership ^{(2), (3)}	
REIO	ease note that from 2016 onwards, individual and concessional m FIO Conference Proceedings volume direct from Emerald Group Pu fo@aapae.org.au for further details.		
Mast	astercard or Visa		
Card	rd no:	Exp. Date: /	
Cardl	rdholder's name:		
Signa	gnature:	Date:	
Jigila		Dutc.	
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	R I I enclose a Cheque / Bank Draft (in Australian dollars), par Australian Association for Professional and Applied Ethics	yable to:	
(1)			

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.

Evider	ice of my	strong interest in professional or applied ethics
be evid	denced b	institutional entity] confirm my strong interest in professional or applied ethics (interest may way of qualifications, experience, publications, conference participation, or through any othe trequires the application or knowledge of professional or applied ethics):
Memb		tory information
memb	ers and o	intains a directory of members. The intention is that this directory will be made available to others (upon request only) to provide networking opportunities. Please include here only sucl you wish to make available to others in the membership directory.
[]	Same as	overleaf
Name:	•	Title:
Qualifi	ications:	
Positio	n:	
Organi	isation:	
Teleph	none:	(1)(2)
Email	address:	
		nclude my email address on the AAPAE's distribution list.
Speak	er reque	sts
[]	l am will professio	ling to consider requests from organisations for the AAPAE to provide a speaker on topics in conal and applied ethics (your personal details will not be made available to others, other than AE Committee members, without your specific approval). My preferred topics include:
For off	fice use o	only
Propos	ser:	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.