**RENEWAL / APPLICATION FOR MEMBERSHIP – 2020-21**(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](mailto:info@aapae.org.au?subject=General%20membership%20enquiry) Tel: +61 (0) 7 3735 5189

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

Postal address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:

Organisation:

If Institutional Membership, name of contact person:

Telephone: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)

Email address:

I apply to **become a member / renew my membership** (cross out as applicable) of the Australian Association for Professional and Applied Ethics Inc., and agree to be bound by the constitution of the Association. I have provided evidence of my strong interest in professional or applied ethics (**new members only**), as noted on the back of this form (interest may be evidenced by way of qualifications, experience, publications, conference participation, or through any other endeavour that requires the application or knowledge of professional or applied ethics).

**Signature of applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

I enclose payment of:

**[ ] A$90** Individual(3) or **[ ] A$25** Concession(2), (3) or **[ ] A$200** Institutional(3)

Please note that from 2016 onwards, individual and concessional members may purchase a hardcopy of the *REIO* Conference Proceedings volume direct from Emerald Group Publishing at a 30% discount. Please email [info@aapae.org.au](mailto:info@aapae.org.au?subject=Member%20discount%20for%20REIO%20Conference%20Proceedings%20volume) for further details.

**[ ]** 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)

**[ ]** I enclose a Cheque / Bank Draft (in Australian dollars), payable to:

**Australian Association for Professional and Applied Ethics**

***Mastercard / Visa***

Card no: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_\_

Cardholder’s name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

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

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

**Evidence of my strong interest in professional or applied ethics**

I [including an institutional entity] confirm my strong interest in professional or applied ethics (interest may be evidenced by way of qualifications, experience, publications, conference participation, or through any other endeavour that requires the application or knowledge of professional or applied ethics):

**Member directory information**

The AAPAE maintains a directory of members. The intention is that this directory will be made available to members and others (upon request only) to provide networking opportunities. Please include here only such information as you wish to make available to others in the membership directory.

**[ ] Same as overleaf**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

Qualifications:

Position:

Organisation:

Telephone: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)

Email address:

**[ ]** Please include my email address on the AAPAE’s distribution list.

**Speaker requests**

**[ ]** I 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 office use only**

Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date admitted to membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_