

APSA MEMBERSHIP APPLICATION

PERSONAL DETAILS

Title:	<input type="text"/>	Given Name:	<input type="text"/>	Family Name:	<input type="text"/>
Institution:	<input type="text"/>				
Department:	<input type="text"/>				
Address:	<input type="text"/>				
Email:	<input type="text"/>				
Phone:	<input type="text"/>	Fax:	<input type="text"/>		
Research Interest(s):	<input type="text"/>				

MEMBERSHIP DETAILS

- Membership:
- Full Membership, 1 Year (Australian Domestic: \$99, including GST; Overseas: \$90, not subject to GST)
 - Full Membership, 3 Years (Australian Domestic: \$275, including GST; Overseas: \$250, not subject to GST)
 - Full Membership, 5 Years (Australian Domestic: \$440, including GST; Overseas: \$400, not subject to GST)
 - Student Membership*, 1 Year (Australian Domestic: \$33, including GST; Overseas: \$30, not subject to GST)
- * To be eligible for student membership, evidence of current student status (e.g. student card) must be attached*

PAYMENT

- Method:
- Cheque (made payable to Australasian Pharmaceutical Science Association)
 - VISA Card
 - MasterCard

For credit card payments:

Card Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Cardholder:	<input type="text"/>		

Please submit this form with your payment to:

APSA Membership Secretariat
PO Box 6000
West Preston VIC 3072
AUSTRALIA
Email: apsa.membership@outlook.com

OFFICE USE ONLY

Student ID:	<input type="checkbox"/> Yes	<input type="checkbox"/> NA
Received:	___ ___ ___	
Entered:	___ ___ ___	
Paid:	___ ___ ___	
Receipt:	___ ___ ___	