

# 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 2061  
Kent Town SA 5067  
AUSTRALIA  
Email: membership@apsa-online.org

### OFFICE USE ONLY

Student ID:  Yes  NA  
Received: \_\_\_ | \_\_\_ | \_\_\_  
Entered: \_\_\_ | \_\_\_ | \_\_\_  
Paid: \_\_\_ | \_\_\_ | \_\_\_  
Receipt: \_\_\_ | \_\_\_ | \_\_\_