



Australian Association of Special Education Inc.

ABN 61 812 837 518

PO Box 1221
Burwood NSW 1805

Phone: 02 9744 5252
Email: office@aase.edu.au

Membership Application Form 2019—2020

		New Member 1st July 2019—30th June 2020
INDIVIDUAL MEMBERSHIP—12 Months 01/07/2019—30/06/2020	<input type="checkbox"/>	\$165.00
GROUP MEMBERSHIP—12 Months Up to 3 persons to receive member benefits at any event 01/07/2019—30/06/2020	<input type="checkbox"/>	\$340.00
STUDENT MEMBERSHIP—12 Months Full time students only—01/07/2019—30/06/2020	<input type="checkbox"/>	\$46.00

Please complete the following membership details:				
Title	First name	Family name		
Organisation			Work Phone	
Address			Fax	
Suburb	State	Postcode	Mob phone	
Email				
<input type="checkbox"/> I Would like to receive the AJSIE electronically		<input type="checkbox"/> I Would like to receive the AJSIE as a hard copy		
STATE OR TERRITORY I WOULD LIKE TO BE A MEMBER OF:				
<input type="checkbox"/> ACT	<input type="checkbox"/> NSW	<input type="checkbox"/> NT	<input type="checkbox"/> QLD	<input type="checkbox"/> SA
<input type="checkbox"/> TAS	<input type="checkbox"/> VIC	<input type="checkbox"/> WA		
APPLICATION				
I hereby apply for membership of the Australian Association of Special Education Incorporated and agree to abide by its rules whilst I am a member. I understand that my membership will be effective from the date at which my application is approved and my name is entered in the Membership Register.				
Signature			Date	

Please return the completed membership form to the AASE Secretariat Office:

Mail: PO Box 1221 Burwood NSW 1805
Email: office@aase.edu.au

Confirmation of receipt will be advised by email along with a Tax Invoice for payment of your membership fees. Payment of your membership fees can be made by cheque, direct deposit or credit card (NB: a credit card surcharge will apply).

Visa 1.5%, Amex 1.65%, Mastercard 1.5%