

<b>First Name:</b>		<b>Surname:</b>	
Title:	Date of Birth:	<b>Postal Address</b>	
Home Ph:		Care of:	
Business Ph:		Street/ PO Box:	
Fax:		Suburb:	
Mobile Ph:		State:	Post Code:
<b>Email:</b>			

**Place of Employment:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Qualification/s (eg Degree)	Institution:	Year Completed:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** If you are applying for **student membership**, please state the course you are studying and the year you first enrolled in the space above.

<p><b>Area of Involvement:</b> (please tick one)</p> <p><input type="checkbox"/> Educator - early years      <input type="checkbox"/> Educator- primary years</p> <p><input type="checkbox"/> Educator - middle years      <input type="checkbox"/> Educator - secondary years</p> <p><input type="checkbox"/> Educator - senior years      <input type="checkbox"/> Educator - tertiary years</p> <p><input type="checkbox"/> Student      <input type="checkbox"/> Fitness Service Professional</p> <p><input type="checkbox"/> Administrator      <input type="checkbox"/> Recreation Professional</p> <p><input type="checkbox"/> Health Service Professional      <input type="checkbox"/> Other</p>	<p><b>Principal Area of Interest:</b> (please number preference 1 to 3)</p> <p>_____ Health Education      _____ Physical Education</p> <p>_____ Community Fitness      _____ Movement Science</p> <p>_____ Dance      _____ Sport</p> <p>_____ Recreation      _____ Outdoor Education</p>
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<p><b>Membership Categories &amp; Fees</b></p> <table border="1"> <thead> <tr> <th></th> <th>Australia (inc GST)</th> <th>Overseas</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Full</td> <td>\$120.00</td> <td>\$143.00</td> </tr> <tr> <td><input type="checkbox"/> Graduate 1<sup>st</sup> Year (graduated 2009)</td> <td>\$ 65.00</td> <td>\$ 95.00</td> </tr> <tr> <td><input type="checkbox"/> Graduate 2<sup>nd</sup> Year (graduated 2008)</td> <td>\$ 93.00</td> <td>\$115.00</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td>\$ 45.00</td> <td>\$ 73.00</td> </tr> <tr> <td><input type="checkbox"/> Joint</td> <td>\$175.00</td> <td>\$210.00</td> </tr> <tr> <td><input type="checkbox"/> Non-working /Retired</td> <td>\$ 62.00</td> <td>\$ 98.00</td> </tr> <tr> <td><input type="checkbox"/> Corporate Affiliation</td> <td>\$305.00</td> <td>\$365.00</td> </tr> </tbody> </table>		Australia (inc GST)	Overseas	<input type="checkbox"/> Full	\$120.00	\$143.00	<input type="checkbox"/> Graduate 1 <sup>st</sup> Year (graduated 2009)	\$ 65.00	\$ 95.00	<input type="checkbox"/> Graduate 2 <sup>nd</sup> Year (graduated 2008)	\$ 93.00	\$115.00	<input type="checkbox"/> Student	\$ 45.00	\$ 73.00	<input type="checkbox"/> Joint	\$175.00	\$210.00	<input type="checkbox"/> Non-working /Retired	\$ 62.00	\$ 98.00	<input type="checkbox"/> Corporate Affiliation	\$305.00	\$365.00	<p><b>Please select your FREE online publication:</b></p> <p><input type="checkbox"/> Asia-Pacific Journal of Health, Sport &amp; Physical Education OR</p> <p><input type="checkbox"/> Active &amp; Healthy Magazine</p> <p><b>I also wish to subscribe to:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Australia</th> <th>Overseas</th> </tr> </thead> <tbody> <tr> <td>Active &amp; Healthy Magazine</td> <td>\$30.00</td> <td>\$33.00</td> </tr> <tr> <td>Asia-Pacific Journal of Health, Sport &amp; PE</td> <td>\$33.00</td> <td>\$36.00</td> </tr> <tr> <td>Australasian Leisure Management</td> <td>\$50.00</td> <td>\$55.00</td> </tr> </tbody> </table> <p><b>TOTAL (Membership fee PLUS any additional subscriptions \$</b> _____</p>		Australia	Overseas	Active & Healthy Magazine	\$30.00	\$33.00	Asia-Pacific Journal of Health, Sport & PE	\$33.00	\$36.00	Australasian Leisure Management	\$50.00	\$55.00
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**Payment Details:**

Cheque/Money Order attached (make payable to ACHPER Inc.)

EFT (Account Name: ACHPER National, BSB: 105 900, Account Number: 144892840, Bank SA, Adelaide, SA)

Credit Card Type (please circle)      Visa      Mastercard

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder \_\_\_\_\_      Signature \_\_\_\_\_