

Independent Scholars Association of Australia Inc.

ABN: 62 304 661 526

Application for Membership 2017-18

Please use block letters, and write numbers clearly. * Asterisked items are required. Others are optional. This information will be used solely for ISAA purposes. Unless you indicate otherwise ISAA will also include information about you in its membership list that is circulated to all members. The membership list will not be provided to other organisations.

*Name in full, including title and honours if preferred: _____

*Name by which you prefer to be known: _____

*Postal address: _____ *State _____ *Postcode _____

*Phone (home): (____) _____ Phone (work): (____) _____

Phone (mobile): _____ Fax: (____) _____

*E-mail: _____ *Website (if applicable): _____

Qualifications: _____

Occupation: _____

*Areas of interest: _____

Date of application: ____/____/____ I heard about ISAA from: _____

Please tick the appropriate squares. I wish to join ISAA as a:

- Full Member
- Concessional Member (*applies to full-time postgraduate students, Social Security and Veterans' Affairs pension cardholders*)
- Household (*applies to two persons who will receive one set of publications*)
- Concessional Household Member (*applies if both members of a Household qualify for concessional membership*)

Subscription rates:

\$100.00 for a Full Member to 30 June 2017

\$65.00 for a Concessional Member to 30 June 2017

\$130.00 for a Household Membership to 30 June 2017

\$90.00 for a Concessional Household Membership to 30 June 2017

Please note that new members joining between 1 January and 31 March pay half the relevant annual rate; new subscriptions received after 31 March pay the full rate and will be financial until the following year.

I wish to pay by:

- Direct Deposit: National Australia Bank BSB 082 902 Account No 66 085 0326 (include your name and purpose)
- Cheque made payable to the Independent Scholars Association of Australia.
- MasterCard / Visa.

Credit card details: Name: _____ Card number: ____/____/____/____

Expiry date: ____/____ Signature and date: _____/____/____

Post to: ISAA, GPO Box 268, Canberra, ACT 2601 or email to info@isaa.org.au