

# 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 082 962 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](mailto:info@isaa.org.au)