

Membership application form

Instructions for completing application:

Complete all sections of the application and <u>send application and a proof of payment</u> to <u>info@ausmb.org</u>.

Membership benefits begin 1st of January and end 31st of December, independent of date of application.

Name	
Last name	Given name(s)
Contact information	
Institute	Department
Street	City
State	Postal Code
Email address	Phone number
Membership type	
☐ Student (1 year): A\$ 30	Full (1 year): A\$ 100
☐ Student (3 years): A\$ 75	Full (3 years): A\$ 250
Date	Signature