

Membership Application Form

Contact Information

Title	First Name	Surname
Date of Birth / /		Gender
Email Address		

Please note that all applications require a valid email address

Home Postal Address

Street/PO Box		
Suburb	State	Postcode
Home Phone ()	Mobile Phone	

Employment

Place of Employment

Job Title

School/Organisation Postal Address

Street/PO Box		
Suburb	State	Postcode
Business Phone ()	Fax Number ()	

Qualifications

Type	Course Title	Institution	Year Completed

(Note: If applying for a **Student Membership**, please state the course you are studying and the expected year of completion)

Areas of Interest (please number preference 1-3)

- | | |
|--|---|
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Community Fitness | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Movement Science |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Outdoor Education |

Area of Involvement (please tick as many that are applicable)

- | | |
|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Educator - Early Years |
| <input type="checkbox"/> Educator - Middle Years | <input type="checkbox"/> Educator - Primary Years |
| <input type="checkbox"/> Educator - Secondary Years | <input type="checkbox"/> Educator - Senior Years |
| <input type="checkbox"/> Educator - Tertiary Years | <input type="checkbox"/> Fitness Service Professional |
| <input type="checkbox"/> Health Service Professional | <input type="checkbox"/> Sports Coach |
| <input type="checkbox"/> Recreation Professional | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Student | _____ |

Branch

Please tick which branch you wish to be aligned with:

- | | |
|--|---|
| <input type="checkbox"/> New south Wales | <input type="checkbox"/> Northern Territory |
| <input type="checkbox"/> Queensland | <input type="checkbox"/> South Australia |
| <input type="checkbox"/> Tasmania | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> Western Australia | |

Please return both pages of application form to one of the following:

ACHPER National
184a Grange Road
FLINDERS PARK SA 5025

Fax: (08) 8352 4099

Email: membership@achper.org.au



Australian Council for Health, Physical Education and Recreation

Promoting Active and Healthy Living

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Other

Would you like to contribute to any of the following?

- Committees
- Curriculum Research and Development
- Event Planning
- Mentoring
- National Professional Standards for Teachers
- Policy Development
- Professional Learning Facilitator
- Resource/Publication Development

How did you hear about ACHPER?

- ACHPER e-Newsletter
- Event/Conference/Professional Learning Activity
- Search Engine
- Social Media Channels
- Referred by a Friend/Colleague
- Renewing Member
- Other

Membership Categories and Fees

- Full Membership** **\$130.00**
Open to graduates from tertiary institutions and holders of relevant qualifications that are accepted by the National Board.
- Graduate 1st Year Membership** **\$70.00**
Open to all graduates that meet the course specifications of Full Membership who graduated in 2015.
- Graduate 2nd Year Membership** **\$100.00**
Open to all graduates that meet the course specifications of Full Membership who graduated in 2014.
- Student Membership** **\$50.00**
Open to students currently enrolled in post-secondary institutions in any area that is acceptable to the National Board.
- Retired/Non-Working Membership** **\$70.00**
Open to persons who are remunerated for less than 2.5 days per week.
- Corporate Affiliation Membership** **\$330.00**
Corporations, organisations and associations which support the purpose and objectives of ACHPER and whose employees are generally not eligible for individual membership of ACHPER. Schools are not eligible to apply as a Corporate Affiliation member.

Payment Details

Amount Payable: \$ _____

Please select from one of the following payment options:

- Cheque/Money Order is attached** (please make payable to ACHPER Inc)
- EFT** (Account Name: ACHPER National, BSB: 105-900, Account Number: 144892840, Bank: Bank SA, Adelaide, SA)
- Please send invoice to my school/organisation** Purchase Order Number (if applicable): _____
- Credit Card** **Visa** **Mastercard**

Card Number / / / **Exp Date** / / **CVV**

Card Holder Name

Signature

NB: Membership does not become active until full payment has been received. Please allow one week for processing applications. Membership fees are non-refundable. All memberships run for 12 months from the date of joining. A tax invoice created receipt will be issued by ACHPER and forwarded to your designated email address.

Please return form to:

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Fax: (08) 8352 4099 ■ Email: membership@achper.org.au

ABN: 76 631 438 668