

Membership Application Form

Contact Information

* Title	* First Name	* Surname
Date of Birth	/ /	* Email Address:
Citizenship: Australian Citizen Overseas born permanent resident Temporary resident Overseas Citizenship		

Please note that all applications require a valid email address

Preferred 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

If applying for a **Student Membership**, please state the course you are studying and the expected year of completion. Qualifications must be supplied to qualify for a **Student** or **Graduate** Membership.

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 | _____ |

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

ACHPER
GPO Box 412, Melbourne 3001
Phone: (03) 9274 8900
Fax: (03) 9429 4176
Email: custserv@achper.org.au

Branch

* Please tick which branch you wish to be aligned with:

- | | |
|---|--|
| <input type="checkbox"/> Australian Capital Territory | <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 |

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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 Open to graduates from tertiary institutions and holders of relevant qualifications that are accepted by the National Board.	\$140.00
Graduate 1st Year Membership Open to all graduates that meet the course specifications of Full Membership who graduated in 2019.	\$80.00
Graduate 2nd Year Membership Open to all graduates that meet the course specifications of Full Membership who graduated in 2018.	\$110.00
Student Membership Open to students currently enrolled in post-secondary institutions in any area that is acceptable to the National Board.	\$50.00
Retired/Non-Working Membership Open to persons who are remunerated for less than 2.5 days per week.	\$70.00
Corporate Affiliation Membership 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.	\$330.00

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)

I wish to provide an invoice to my school/organization 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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Phone: (03) 9274 8900 ■ Fax: (03) 9429 4176 ■ Email: custserv@achper.org.au

ABN: 76 631 438 668