

Membership Application Form

Personal Details	
Title:	
Full name:	
Institution:	
Position:	
Email address:	
Phone number:	Mobile: Business:
Address:	

Membership Details	
Membership:	<input type="checkbox"/> Full member <input type="checkbox"/> Student member
I would like to receive relevant correspondence from AusACPDM	<input type="checkbox"/>
Please indicate your area of interest:	
<input type="checkbox"/> Aetiology, epidemiology, imaging <input type="checkbox"/> Causal paths and causation <input type="checkbox"/> Communication: speech and language	<input type="checkbox"/> Early intervention and identification <input type="checkbox"/> Families; parents and carers <input type="checkbox"/> Gait / orthopaedics <input type="checkbox"/> Managing pain and sleep

Employment Verification; please provide two of the following
<input type="checkbox"/> I have included my CV
<input type="checkbox"/> I have included a supporting reference from employer or a current AusACPDM member
Please briefly outline your interest/professional activity in developmental disability;

Membership Dues
\$33.00 AUD (including GST) for subscription until the last day of next biennial AusACPDM conference* (NB attendance at AusACPDM conference entitles automatic membership for 2 years; no need to complete form) Direct deposit to: Commonwealth Bank of Australia: AusACPDM Business Transaction Account BSB: 063349 Account number: 1006 0555 SWIFT code: CTBAAU2S
<input type="checkbox"/> I have made the payment. Date transaction complete:

By submitting this application I acknowledge that membership in the AusACPDM must be approved by the current Membership Committee, and is not automatic. The AusACPDM reserves the right to decline a membership application, in which case the paid dues will be fully reimbursed.

For office use only		
• Verified		
• Payment received		