

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 |

Other

Would you like to contribute to any extra responsibilities associated with ACHPER? Yes No

Please specify: _____

How did you hear about ACHPER? _____

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 | _____ |

Membership Category

- | | |
|---|--|
| <input type="checkbox"/> Full | <input type="checkbox"/> Student |
| <input type="checkbox"/> Graduate 1st Year <small>(graduated in 2015)</small> | <input type="checkbox"/> Retired/Non-Working |
| <input type="checkbox"/> Graduate 2nd Year <small>(graduated in 2014)</small> | |



Australian Council for Health, Physical Education and Recreation

Please return application form to: ACHPER National, 184a Grange Road, Flinders Park SA 5025
Fax: (08) 8352 4099 or Email: membership@achper.org.au

Promoting Active and Healthy Living