

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 | _____ |

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 |

Please return both pages of application form to one of the following:
 ACHPER National
 Suite 604, 147 Pirie Street
 Adelaide SA 5000
 Phone: (08) 7070 0985
 Fax: (08) 7077 3035
 Email: membership@achper.org.au

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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** **\$140.00**
Open to graduates from tertiary institutions and holders of relevant qualifications that are accepted by the National Board.
- Graduate 1st Year Membership** **\$80.00**
Open to all graduates that meet the course specifications of Full Membership who graduated in 2018.
- Graduate 2nd Year Membership** **\$110.00**
Open to all graduates that meet the course specifications of Full Membership who graduated in 2017.
- 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)
- 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: (08) 7070 0985 ■ Fax: (08) 7077 3035 ■ Email: membership@achper.org.au

ABN: 76 631 438 668