



Australian Association of Gerontology

Suite 154, 236 Hyperdome, LOGANHOLME QLD 4129

Phone: (07) 3103 1391 Fax: (07) 3829 9730

Email: enquiries@aag.asn.au

www.aag.asn.au

ABN: 95 896 674 194

CORPORATE MEMBERSHIP APPLICATION FORM

1 JULY 2009 – 30 JUNE 2010

Member Details

Organisation:

Postal Address:

Postcode:

Telephone: Mobile: Email:

Nominated Representative 1

Prof/Dr/Mr/Mrs/Miss/Ms First Name(s) in full: Surname:

Position: Department:

Email:

Nominated Representative 2

Prof/Dr/Mr/Mrs/Miss/Ms First Name(s) in full: Surname:

Position: Department:

Email:

CORPORATE MEMBERSHIP (All Fees are GST Inclusive)

Corporate Membership Fee (includes 4 editions of *Australasian Journal on Ageing*) \$459.80

- 2 individual memberships per corporation

New members joining after 1 January pay 50% of the annual fee

DONATIONS

The RM Gibson Scientific Research Fund in Gerontology
(Donations to this fund over \$2.00 are tax deductible). \$.....

The Gary Andrews Visiting Fellow Fund
(non-tax deductible) \$.....

PAYMENT DETAILS

Cheque / money order for \$ payable to the **Australian Association of Gerontology** is enclosed, or:

I have made an electronic funds transfer (EFT) for \$ to

Account Name: Aust Association of Gerontology Inc **BSB:** 034-264 **Account No:** 261509

Reference: Please indicate your name

Please charge Mastercard VISA

Credit card number

Amount \$ Expiry Date/.....

Print cardholder's name Signature

Please post to AAG (address above). For EFT and credit card payments, the form may be faxed to: (07) 3829 9730

This application becomes a Tax Invoice upon Payment



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For our records, please complete/check the details below for each nominated representative and return with your membership application.

TITLE:

FIRST NAME:

SURNAME:

PROFESSIONAL BACKGROUND (select up to 2)

- Administration
- Allied health
- Architecture
- Dentistry
- Education
- Geriatric medicine
- Law
- Medical – other
- Nursing
- Pharmacy
- Psychiatry
- Psychology
- Social science
- Social work
- Other, please specify

CURRENT FIELD OF PRACTICE (tick only 1)

- Administration – government
- Administration – other
- Allied health - physiotherapy
- Allied health – occupational therapy
- Allied health – other (specify)
- Education
- Geriatric medicine (inc. psychogeriatrics)
- Independent consultant
- Medicine – other
- Nursing – community care
- Nursing – residential care
- Nursing – other
- Research
- Retired
- Service provider – administration
- Service provider – direct care
- Social work
- Other, please specify

MAIN WORK SETTING (tick only 1)

- Government - Commonwealth
- Government – State
- Government - Local
- Hospital
- Residential Care
- Community Care
- Community Health Centre
- Independent Research Institute
- University
- Private Consultant
- Other, please specify

SECTOR INVOLVEMENT

- Private
- Public
- NGO/Community
- Not applicable

CURRENT & PREVIOUS STUDY/QUALIFICATIONS

Are you currently undertaking study?

- No
- Yes - full-time
- Yes - part-time

Number of years working in ageing related field:

Most recent qualification (date/details):

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ABORIGINAL STATUS

Are you:

- Aboriginal
- Torres Strait Islander
- Both
- Neither