



# Australian Association of Gerontology

Suite 154, 236 Hyperdome, LOGANHOLME QLD 4129

Phone: (07) 3103 1391 Fax: (07) 3112 6838

Email: enquiries@aag.asn.au

www.aag.asn.au

ABN: 95 896 674 194

## CORPORATE MEMBERSHIP APPLICATION FORM

1 JULY 2011 – 30 JUNE 2012

### Member Details

Organisation: .....

Postal Address: .....

..... Postcode: .....

### Nominated Representative 1

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

Position: ..... Department: .....

Telephone: ..... Mobile: ..... Email: .....

### Nominated Representative 2

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

Position: ..... Department: .....

Telephone: ..... Mobile: ..... Email: .....

## CORPORATE MEMBERSHIP (All Fees are GST Inclusive)

Corporate Membership Fee (includes 4 editions of *Australasian Journal on Ageing*) \$ **476.95**

- 2 individual memberships per corporation

*New members joining after 1 January pay 50% of the annual fee (\$238.48) for membership to 30 June of that year.*

**Joining Fee: \$ 25.00**

**Donations:** The RM Gibson Scientific Research Fund in Gerontology \$.....

The Gary Andrews Visiting Fellow Fund \$.....

**Total Due: \$.....**

## 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 \$ ..... on ..... (date) 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) 3112 6838**

**This application becomes a Tax Invoice upon Payment**



# Australian Association of Gerontology

Suite 154, 236 Hyperdome, LOGANHOLME QLD 4129

Phone: (07) 3103 1391 Fax: (07) 3112 6838

Email: enquiries@aag.asn.au

www.aag.asn.au

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

## NOMINATED REPRESENTATIVE 1:

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

### WHERE DID YOU HEAR ABOUT THE AUSTRALIAN ASSOCIATION OF GERONTOLOGY?

- (Please state)
- AAG Website
  - Conference .....
  - AAG Member **(please give member's name)**  
.....
  - Search Engine .....
  - Other (please state) .....

### ABORIGINAL STATUS

- Are you:
- Aboriginal  Torres Strait Islander
  - Both  Neither

### 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): .....
- .....



# Australian Association of Gerontology

Suite 154, 236 Hyperdome, LOGANHOLME QLD 4129

Phone: (07) 3103 1391 Fax: (07) 3112 6838

Email: enquiries@aag.asn.au

www.aag.asn.au

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

## NOMINATED REPRESENTATIVE 2:

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

### WHERE DID YOU HEAR ABOUT THE AUSTRALIAN ASSOCIATION OF GERONTOLOGY?

(Please state)

- AAG Website
- Conference .....
- AAG Member (please give member's name)  
.....
- Search Engine .....
- Other (please state) .....

### ABORIGINAL STATUS

Are you:

- Aboriginal  Torres Strait Islander
- Both  Neither

### 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): .....

.....