



# 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

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

1 JULY 2009 – 30 JUNE 2010

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

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

Organisation: .....

Postal Address: .....

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

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

### MEMBERSHIP (All Fees are GST Inclusive)

Individual Membership (includes 4 editions of *Australasian Journal on Ageing*) \$244.80

Note: If you receive the AJA through personal membership of another association (e.g., ANZSGM), please contact the Secretariat  
New members joining after 1 January pay 50% of the annual fee

	WITH AJA	WITHOUT AJA	
<input type="checkbox"/> Student	<input type="checkbox"/> \$143.00	<input type="checkbox"/> \$35.20	\$.....
<input type="checkbox"/> Emerging Researcher	<input type="checkbox"/> \$179.40	<input type="checkbox"/> \$71.60	\$.....
<input type="checkbox"/> Concession (income under \$35,000 p.a.)	<input type="checkbox"/> \$179.40	<input type="checkbox"/> \$71.60	\$.....
<input type="checkbox"/> Retiree	<input type="checkbox"/> \$179.40	<input type="checkbox"/> \$71.60	\$.....

### DONATIONS

The RM Gibson Scientific Research Fund in Gerontology \$.....

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

### 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) 3829 9730**

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



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For our records, please complete/check the details below 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 .....

## 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 .....

## ABORIGINAL STATUS

Are you:

- Aboriginal
- Torres Strait Islander
- Both
- Neither

## 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 .....

## 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): .....

.....