



MEMBERSHIP APPLICATION / RENEWAL FORM 2010

Title: **First Name:** **Last Name:**

[Please provide your email address to facilitate communication with ASTSS]

E-mail:

Address:

Phone **W:** () **H:** ()

Mob: **Fax:** ()

Organisation or Company:

Profession:

Client group (age group, type of trauma):

Type of treatment favoured (optional):

Check the categories that apply to you, your work and your interests:

- | | | |
|---|---|---|
| <input type="checkbox"/> Research | <input type="checkbox"/> Forensic | <input type="checkbox"/> Teaching/training |
| <input type="checkbox"/> Post-Trauma intervention | <input type="checkbox"/> Clinical | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Counselling/Therapy | <input type="checkbox"/> Other (please specify) | |

Tick here to give permission to place your details on the ASTSS member's only website section.

I hereby apply for: (please tick one of the below membership types)

- Full Membership (\$75.00)** **Student Membership (\$50.00)**

(Proof of enrolment in a full-time tertiary course is required for student membership)

I wish to pay by:

Cheque/ money order (please make cheque payable to "ASTSS")

Electronic funds transfer/net banking (Account 'ASTSS' BSB 082 445 Account Number 525276296 - please ensure your name is clearly identified with the transaction)

Card (Mastercard, Visa only)

Credit Card No.: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ **Expiry Date:** ___ / ___

Name on card:

Card Security Code (last 3 or 4 digits on back of card):

Signature: **Date:**

**Please forward the completed application with payment to:
ASTSS, PO Box 6227, Halifax St, South Australia 5000, AUSTRALIA**