

APPES MEMBERSHIP APPLICATION FORM

Title: _____ Family Name: _____ Given Name: _____

Institution: _____

Postal Address: _____

City: _____ Postal Code: _____

State/Province: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Please select one of the following:

- A\$100 for 5 years
- A\$150 for 10 years

**PLEASE RETURN BY FAX TO THE APPES SECRETARIAT: +61 2 4973 6609 OR
SCAN and EMAIL TO: appes@willorganise.com.au**

* 10% GST is applicable to membership fees for Australian members
APPES ABN: 88 103 357 424

Once your membership has been approved, you will be sent an email to confirm your acceptance (within 4 weeks of application) with details of how to pay your membership.

Refund policy: APPES does not make refunds on membership subscriptions unless a payment error has occurred.