

AMERICAN AUSTRALIAN ASSOCIATION

Individual Membership Application Form



PERSONAL INFORMATION		
Salutation (please circle) Mr Mrs Ms Miss Dr Prof Sir Other _____		
Last Name	First Name	Middle Initial
Nationality	If Australian, State/Territory of Origin	

CONTACT DETAILS		
HOME:		
Street Address		Apt./Unit #
City	State	ZIP
Phone (home)	Phone (mob)	
E-mail Address (personal)		
WORK:		
Company		Position
Address Line 1		
Address Line 2		
City	State	ZIP
Phone (work)	E-mail Address (work)	
Preferred Method of Contact Home <input type="checkbox"/> Work <input type="checkbox"/>		

ADDITIONAL INFORMATION	
<i>Please indicate which American Australian Association programs you would like to receive information on</i>	
<input type="checkbox"/> Social Program	<input type="checkbox"/> J-1 Visa Program
<input type="checkbox"/> Cultural Program	<input type="checkbox"/> Education Fellowships
<input type="checkbox"/> Corporate Program	<input type="checkbox"/> AWNY (Australian Women in New York)
Tertiary Education (Optional):	
University	Degree
Major/s	Year Graduated

American Australian Association – Individual Membership Application Form

REFERRAL					
How did you hear about the AAA? Friend <input type="checkbox"/> Website <input type="checkbox"/> Attended Event <input type="checkbox"/> Newsletter <input type="checkbox"/> Other _____					

MEMBERSHIP TYPE					
<i>Please indicate which membership you would like to purchase</i>					
National	Single - \$80	<input type="checkbox"/>	Regional <i>(does not include NY events)</i>		
	Family - \$120	<input type="checkbox"/>	California Region	Single - \$50 <input type="checkbox"/>	Family - \$80 <input type="checkbox"/>
	Student - \$40	<input type="checkbox"/>	New England Region	Single - \$50 <input type="checkbox"/>	Family - \$80 <input type="checkbox"/>
	Senior (65+) - \$40	<input type="checkbox"/>			
For <u>Student</u> Membership: <i>Please submit a copy of your current student ID with your application.</i>					
For <u>Family</u> Membership: <i>Please provide details of your additional family member to be included in the membership</i>					
Last Name			First Name		
Relationship to Applicant			Email		

PAYMENT DETAILS																																
Method of Payment Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>																																
<u>Check</u>	Payable to: American Australian Association 50 Broadway, Suite 2003 New York, NY 10004																															
<u>Credit Card</u>	Card No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							Exp.	<table border="1"> <tr> <td></td><td></td> </tr> </table> / <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>						
	Name on Card:			Billing ZIP:																												

Signature	Date
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