

# APPES MEMBERSHIP APPLICATION FORM

Title \_\_\_\_\_ Family Name \_\_\_\_\_ Given Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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## **Please select one of the following:**

\$100 for 5 years

\$150 for 10 years

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## **Payment Method:**

### *Paying by Credit Card:*

Credit card type:            Mastercard            Visa            AMEX            Diners

Credit Card Number:    \_\_\_\_\_

Expiry Date:            \_\_\_ / \_\_\_

Cardholders Name:      \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Paying by Direct Deposit:*

St George Bank, 4-16 Montgomery St, Kogarah  
NSW, Australia

Account name: APPES Inc

Bank and branch number (BSB) 112-879

Account number: 027265931

Swiftcode: SGBLAU2S

Please put your surname and the word "membership" in the payment details section eg.  
"Ambler - membership"

**PLEASE RETURN BY FAX TO THE APPES SECRETARIAT: +61 2 4973 6609 OR  
VIA EMAIL TO: [appes@willorganise.com.au](mailto:appes@willorganise.com.au)**