

2012 MEMBERSHIP APPLICATION FORM

Contact Information

Title Mr Mrs Ms Miss Dr Prof Ass Prof

First Name Surname

Date of Birth / / Gender Male Female

Postal Address - Home

Street/PO Box

Suburb State Postcode

Home Phone () Mobile Phone

Postal Address - School/Organisation

Street/PO Box

Suburb State Postcode

Business Phone () Fax Number ()

Email Address

Please note that all applications require a valid email address

Employment and Qualifications

Place of Employment

Job Title

Qualifications

Type	Course Title	Institution	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Note: If you are applying for a **Student membership**, please state the course you are studying and the expected year of completion)

Areas of Interest (please number preference 1-3)

- | | |
|--|---|
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Community Fitness | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Movement Science |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Outdoor Education |

Area of Involvement (please select as many that are applicable)

- | | |
|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Educator - Early Years |
| <input type="checkbox"/> Educator - Middle Years | <input type="checkbox"/> Educator - Primary Years |
| <input type="checkbox"/> Educator - Secondary Years | <input type="checkbox"/> Educator - Senior Years |
| <input type="checkbox"/> Educator - Tertiary Years | <input type="checkbox"/> Fitness Service Professional |
| <input type="checkbox"/> Health Service Professional | <input type="checkbox"/> Sports Coach |
| <input type="checkbox"/> Recreation Professional | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Student | |

Branch

Please select which branch you would like to belong to:

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> WA | <input type="checkbox"/> SA |
| <input type="checkbox"/> QLD | <input type="checkbox"/> VIC |
| <input type="checkbox"/> ACT | <input type="checkbox"/> NSW |
| <input type="checkbox"/> NT | <input type="checkbox"/> TAS |

Please return form to: ACHPER National
PO Box 304, HINDMARSH SA 5007
Fax: (08) 8340 3399
or email to: membership@achper.org.au

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Other

Would you like to contribute to any of the following:

- Curriculum Research and Development
- National Professional Standards for Teachers
- Committees
- Professional Learning Facilitator
- Policy Development
- Resource/Publication Development
- Event Planning
- Mentoring

How did you hear about ACHPER?

- Referred by a Friend/Colleague
- Event/Conference/Professional Learning Activity
- ACHPER E-Newsletter
- Search Engine
- Social Media Channels
- Other

Membership Categories & Fees

- Full Membership (\$120)**
 - Graduates from tertiary institutions with qualifications in education, health, physical education, recreation, sport, dance, fitness, medicine, physiotherapy, human movement or any area acceptable to the Executive Committee of a Branch;
 - Holders of a Fitness Leader, Personal Trainer or Diploma of Fitness Specialist (VET) or a recognised equivalent award;
 - Holders of a Level 2 Coaching Award from the Australian Coaching Council or a recognised equivalent award;
- Graduate 1st Year Membership (\$65)**

Open to all graduates that meet the course specifications of Full Membership who graduated in 2011.
- Graduate 2nd Year Membership (\$93)**

Open to all graduates that meet the course specifications of Full Membership who graduated in 2010.
- Student Membership (\$45)**

Full-time or part-time tertiary students studying either education, physical education, recreation, health, sport, dance, fitness, medicine, physiotherapy or human movement or any area acceptable to the Executive Committee of a Branch.
- Joint Membership (\$175)**

Married couples or couples who are cohabiting who meet the eligibility requirements for Full Membership may apply to be Joint Members.
- Retired/Non-Working Membership (\$62)**

Persons who meet the eligibility requirements for Full Membership and who are unemployed, retired or employed for less than 2.5 days per week.
- Corporate Affiliation Membership (\$305)**

Corporations, organisations and associations which support the purpose and Objectives of ACHPER and whose employees are generally not eligible for individual membership of ACHPER. Schools are not eligible to apply as a Corporate Affiliation member.

Payment Details

Total Amount Payable: \$ _____

- Cheque/Money Order is attached** (please make payable to ACHPER Inc)
- EFT** (Account Name: ACHPER National, BSB: 105-900, Account Number: 144892840, Bank: Bank SA, Adelaide, SA)
- Please send invoice to my school/organisation** (membership will commence upon receipt of payment)
- Credit Card** **Visa** **Mastercard**

Card Number / / /

Exp Date /

CVV

Card Holder Name

Signature

BRANCH

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