

Independent Scholars Association of Australia Inc.
Application for Membership

ABN: 62 304 661 526

Please use block letters, and write numbers clearly.

Name in full, including title: _____

Professional qualifications: _____

Name to be used for ISAA's records: _____

Postal address. _____
_____ State _____ Postcode _____

Phone (home): (____) _____ Phone (work): (____) _____

Phone (mobile): _____ Fax: (____) _____

E-mail: _____

Date of Application: ____/____/____

Areas of interest and expertise:

Please tick the appropriate squares.

I wish to join ISAA as a:

Full Member

Friend

Concessional Member

(postgraduate students, social security and Veterans' Affairs recipients)

The annual subscriptions for the financial year ending 30 June 2009 are:

\$70.00 for a Full Member or Friend

\$45.00 for a Concessional Member

\$85.00 for Household (two persons at same address – one set of publications)

I wish to pay by:

Cheque / money order Bankcard / MasterCard / Visa

Cheques and money orders should be made payable to the Independent Scholars Association of Australia.

Credit card details:

Name: _____ Card number: _____/_____/_____/_____

Expiry date: ____/____ Signature and date: _____ __/__/__

I heard about ISAA from:

Post to: ISAA, PO Box 268, Canberra City, ACT 2601 or email to info@isaa.org.au