



Australian Institute of Biology Inc.
ABN 71 266 532 502

Office Use Only

Receipt No:

Date:

Amount:

Membership Application Form

Please type or print clearly.

1. I wish to apply for election as Member/Associate Member/Student Member (please circle one).

2. My title is Ms/Miss/Mrs/Mr/Dr/Assoc. Professor/Professor/Other..... (please circle one).

3. My full name is: Family name:

Given names:

4. My business address for correspondence is:

.....

..... Postcode.....

5. My contact numbers are:

Work telephone: () Home telephone: ().....

Facsimile: () E:mail:.....

6. My completed academic qualifications (attached photocopy of academic record) are as follows:

a) Name of first degree, diploma or certificate:

Awarding Institution:

Major subject(s) in course:

..... Year:.....

b) Name of second degree, diploma or certificate:.....

Awarding Institution:

Major subject(s) in course:

..... Year:.....

c) Name of third degree, diploma or certificate:

Awarding Institution:

Major subject(s) in course:

..... Year.....

7. I am currently studying for the following qualifications:

.....

8. My present appointment is:

Title of position and grade:

Full name and address of employer:..... PTO

The year I commenced employment in my present position was:.....

Brief outline of duties and responsibilities at work or of current research work:

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9. List your previous major appointments, whether in Biology or not. Add an additional sheet if necessary. Please include dates, title of post, name of employer, concise description of work and duties.

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10. Please attach your *curriculum vitae* if there is insufficient space on this form to fully list details of your employment and/or career.

11. Where relevant, please attach a list of your publications and/or reports.

12. The following persons have agreed to act as my referees (please give title, name, address and telephone or fax number):

a)

.....

b)

.....

13. I enclose payment of one year's membership at the grade of (please check one):

\$50 – Member

\$35 – Associate Member

\$20 – Student Member

Payment via (please check one): cheque money order

(please make payable to the 'Australian Institute of Biology Inc.')

Please debit my (please check one): Mastercard Visa

Card number:..... Expiry date:.....

Cardholder name (please print):.....

Signed:..... Date:.....

14. If elected to Membership of the Australian Institute of Biology Inc., I will agree to comply with the code of professional conduct as set out in clause 20 (1) of the constitution which is reproduced in the information brochure.

Signed:..... Date:.....

15. **Check list:** signed completed application form; photocopies of all your degree, diplomas and certificates; any additional documentation; cheque or money order or credit details with signature.

16. **Let us know how you found out about the AIB:**.....

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17. Please post to:

**The Registrar, Australian Institute of Biology Inc.
PO Box 3108, Eltham, Vic, 3095, Australia or office@aibiol.org.au**