## Institutional Membership Form

**ANNUAL INSTITUTIONAL MEMBERSHIP VALID FROM DATE OF PAYMENT TO 30 JUNE 2018**

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| Contact Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| University/Organisation: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | | | Postcode | | | | | | |
| Head of School/Manager: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | Title (Prof./Dr) | | | | | |
| Position: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Phone: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative Contact: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | Title | | | | | |
| Position: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Phone: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Membership Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large $825\*  **Teaching institution**  [annual intake of 100 or more students]  **Welfare/ Community Organisation**  (30 or more staff) | | | | | | | | | | | | | | | | | | | | | | | | | Medium $550\*  **Teaching institution**  [annual intake of 50-99 students]  **Welfare/ Community Organisation**  (10-29 staff) | | | | | | | | | | | | | | | | | | | | | | Small $275\*  **Teaching institution**  [annual intake of less than 49 students]  **Welfare/ Community Organisation**  (less than 10 staff) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have read and understood membership eligibility and requirements as outlined in the ANZSWWER Constitution  (available via our website at <http://www.anzswwer.org/about/constitution>) \***APASWE membership is included in the above fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visa^  MasterCard^ ^ Please note that credit card payments will attract an additional 5% processing fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C**ardholders Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Card Number: | | | |  | |  | |  | | | | | |  | | | |  | |  | |  | |  | | |  |  | | |  | | |  |  |  |  |  | | | |  |  |  |  |  | |  | |  | | |  | | | |  | |  | |  | |  | |  | | |  |  |  |  |  |  |
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| Expiry Date: | | | |  | |  | |  | | | |  | | | | |  | | |  | |  | |  | | |  | | |  | | | | CSV: | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | | | | | | | | |
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| EFT N**ame your EFT transaction with Surname + Initial then Membership (e.g. Smith A Membership)**  EFT Details: Australian Association for Social Work and Welfare Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BSB: 012-030  Acct no. 4028-16475  Branch Name: ANZ Bank, Broadway (Sydney) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ***Please send completed forms along with date of payment and any further information to*** [***admin@anzswwer.org***](mailto:admin@anzswwer.org?subject=Membership) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |