## Institutional Membership Form

**ANNUAL INSTITUTIONAL MEMBERSHIP VALID FROM DATE OF PAYMENT TO 30 JUNE 2019**

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| Contact Details  |
| University/Organisation:  |  |
| Postal Address: |       |
|  Street Address |  |
|  |       |       |       |
|  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: |       |
|  |  |  |  |
| 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: |       |
|  |  |  |  |
| Card Number:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| Expiry Date:  |  |  |  |  |  |  |  |  |  |  |  CSV: |  |  |  |  |  |  |  |
|  |
| [ ]  EFT N**ame your EFT transaction with Surname + Initial then Membership (e.g. Smith A Membership)**EFT Details: Australian and New Zealand Social Work and Welfare Education and Research incorporated |
| BSB: 633–000 Acct no.: 161985973Branch Name: Bendigo Bank, Tugun (QLD) |
| Signature:  |  | Date:  |       |
| ***Please send completed forms along with date of payment and any further information to*** ***admin@anzswwer.org*** |