



Australian Association for Exercise and Sports Science 2009 Student application form

If you are unsure of your eligibility for membership of the AAESS for, please contact the National Secretariat on: (07)3856 5622 or E-mail: info@aaess.com.au

Membership fees **MUST** accompany your application form.
Please enclose a cheque/money order for your membership fee or complete the Credit Card Payment Slip. Cheques should be made payable to the **Australian Association for Exercise and Sports Science**.

To apply for **STUDENT MEMBERSHIP** of the AAESS, applicants must;

1. Complete the **MEMBER APPLICATION FORM**.
2. Enclose a clear photocopy of your **CURRENT STUDENT IDENTIFICATION CARD**.
3. **INCLUDE** membership payment of **\$66.00 GST incl.**

Send Application Forms to:
PO Box 123
Red Hill Q 4059



CREDIT CARD PAYMENT SLIP (Please PRINT all details)

Please debit the following account in the amount of \$ _____

Please Tick Visa Card Mastercard

Card numbers: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Name of Cardholder _____ **Signature** _____

I PAID ONLINE

Please Tick Visa Card Mastercard **DATE PAID:** _____

PLEASE NOTE – membership is based upon a calendar year, if you join part way through a year you will be required to pay the full amount for the membership and upon renewal in the subsequent year you will be charged a pro-rata amount equivalent to your date of joining.



| |
|------------------------|
| OFFICE USE ONLY |
| Date received: _____ |
| Assessor: _____ |
| Outcome & date: _____ |

2008 Student Application Form

Please print clearly

Section A

NAME: _____
(Title) (Given Name/s) (Surname)

DATE OF BIRTH: _____

MY PREFERRED POSTAL ADDRESS IS: Home Work

POSTAL ADDRESS: _____
_____ STATE: _____ P/C: _____

PHONE: () _____ FAX: () _____

WORK ADDRESS: _____
_____ STATE: _____ P/C: _____

PHONE: () _____ FAX: () _____

PREFERRED E-MAIL ADDRESS: _____

MOBILE: _____

Section B

QUALIFICATIONS ACHIEVED: List only degrees awarded from tertiary institutions, not degrees incomplete or in progress or non-tertiary qualifications.

| Degree | Institution | Year Completed |
|--------|-------------|----------------|
|--------|-------------|----------------|

INCOMPLETE TERTIARY STUDY:

| Degree | Institution | Year Commenced |
|--------|-------------|----------------|
|--------|-------------|----------------|

Section C

DECLARATIONS:

a) I certify that the information supplied on and with this form is true and correct.

(Applicants Signature)

(Date)

b) If accepted as a member of the Association I agree to abide by the AAESS Code of Ethics.

(Applicants Signature)

(Date)

Checklist

I have completed the following:

Filled in the Application form

Copy of Student card attached (if applicable)

Enclosed payment

Send application to:

AAESS
PO BOX 123
Red Hill 4059

Please note:

- 1) Applications will not be assessed until a **COMPLETE** application has been received by the office.
- 2) Fax applications **will not** be accepted

Please allow **10-15 working days** (from the date of received) for your application to be accessed and processed.