



## Organisational Membership Application 2019/20

Name of Organisation:.....

Address: .....

.....

Contact person:.....

Contact number: .....

Email: .....

Organisation website:.....

Brief description of your organisation.....

.....

**Can we include your organisation's name, website URL and contact email address on the 'Members Only'-Area of the AAAH Ltd website?**

YES  NO

**To be eligible for AAAH Ltd membership, your organisation must support the [AAAH Ltd Objectives](#), and have a demonstrated interest in an area related to the health or health care of young people.**

**Please tick to confirm your eligibility for AAAH Ltd membership**

Comment (optional): .....

.....

### MEMBERSHIP FEES 2019/20

Small Organisational Membership (under 10 FTEs)	<input type="checkbox"/>	\$250
Small Organisational Membership (under 10 FTEs) - <b>3 Years</b>	<input type="checkbox"/>	\$600
Medium Organisational Membership (between 10 and 30 FTEs)	<input type="checkbox"/>	\$400
Medium Organisational Membership (between 10 and 30 FTEs) - <b>3 Years</b>	<input type="checkbox"/>	\$960
Large Organisational Membership (over 30 FTEs)	<input type="checkbox"/>	\$550
Large Organisational Membership (over 30 FTEs) - <b>3 Years</b>	<input type="checkbox"/>	\$1320



**ORGANISATIONAL MEMBERSHIP REPRESENTATIVES**

Organisational membership offers discounted fees for the national AAAH Conference for **TWO** (*Small organisational membership*), **FOUR** (*Medium organisational membership*) or **SIX** (*Large organisational membership*) nominated staff/members of your organisation.

**PLEASE PROVIDE THE FOLLOWING DETAILS FOR YOUR REPRESENTATIVES**

**Representative 1:**

Full Name .....  
 Email .....  
 Mailing address.....  
 Position .....  
 Contact # .....

**Representative 2:**

Full Name .....  
 Email .....  
 Mailing address .....  
 Position .....  
 Contact # .....

**Representative 3: Medium & Large only**

Full Name .....  
 Email .....  
 Mailing address.....  
 Position .....  
 Contact # .....

**Representative 4: Medium & Large only**

Full Name .....  
 Email .....  
 Mailing address .....  
 Position .....  
 Contact # .....

**Representative 5: Large only**

Full Name .....  
 Email .....  
 Mailing address.....  
 Position .....  
 Contact # .....

**Representative 6: Large only**

Full Name .....  
 Email .....  
 Mailing address .....  
 Position .....  
 Contact # .....

**Payment to be made by one of two options:**

- x Bank transfer (**preferred option**):  
 Account details: Australian Association for Adolescent Health  
 BSB 062032 / Account number 00900715

**NB: Please ensure organisation's name is entered in 'Payment Reference'**

- Cheque: payable to 'Australian Association for Adolescent Health'
- Credit Card (VISA/MASTERCARD/AMEX – surcharge applies):

Name on Card			
Card Number		Expiry Date	
Signature		CVV	

**Please complete this form and then send (+/- cheque) or email a copy to:**

Address: AAAH Ltd, PO Box 576, Crows Nest, NSW 1585, Email: [info@aaah.org.au](mailto:info@aaah.org.au)