



Individual Membership Application 2018/19

First Name:

Last Name:

Address:

.....

Daytime phone: Mobile:

Email:

Organisation:

Position:

Age range: <25 years 25-45 years >45 years

Areas of interest (tick all that apply)

- | | |
|---|--------------------------|
| Aboriginal and/or Torres Strait Islander Health | <input type="checkbox"/> |
| Adolescent & Young Adult Medicine Training | <input type="checkbox"/> |
| Chronic Illness and Transition | <input type="checkbox"/> |
| Community/Youth Development | <input type="checkbox"/> |
| Cultural and Linguistic Diversity | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> |
| Eating Disorders | <input type="checkbox"/> |
| Education | <input type="checkbox"/> |
| Homelessness | <input type="checkbox"/> |
| Hospital-based health care | <input type="checkbox"/> |
| Juvenile Justice | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> |
| Policy and Advocacy | <input type="checkbox"/> |
| Primary Health Care | <input type="checkbox"/> |
| Refugee Health | <input type="checkbox"/> |
| Research | <input type="checkbox"/> |
| Resilience and Young People | <input type="checkbox"/> |
| Rural & Remote Youth | <input type="checkbox"/> |
| Sexual Health | <input type="checkbox"/> |
| Sexuality and Gender | <input type="checkbox"/> |
| Social Media and Youth Health | <input type="checkbox"/> |
| Substance Use | <input type="checkbox"/> |
| Youth Friendly Health Services | <input type="checkbox"/> |
| Youth Work | <input type="checkbox"/> |

Other



Can we include your name, area(s) of interest and email address on the 'Members' Only'- Area of the AAAH Ltd website?

YES NO

To be eligible for AAAH Ltd membership, you 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 2018/19

- Employed and 25 years+: \$110
- Employed and 25 years+ (3-year membership): \$264
- Full-time student OR <25 years OR unemployed: \$55

Payment to be made by one of three options:

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

NB: Please ensure member'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