



Organisational Membership Application 2018/19

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 2018/19

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