



MEMBERSHIP APPLICATION FORM

Member details

First name		Last name	
First name		Last name	
Address			
Suburb/town		State	
Country		Postcode	
Phone		Mobile	
Email			
Write yes if you would you like your contact details kept private		Yes	No

Annual payment details

Membership type	\$	Number	\$ total
Individual or Organisation	40.00		
Individual Concession – pension, healthcare card, DVA or student	37.00		
Household – each additional adult	9.00		
Household – each additional child under 18	1.00		
Overseas – Individual or Organisation	55.00		
Australian Plants Journal subscription - quarterly	14.00		
Total subscription amount			

Payment method

Account name:	BSB:	Account number:
Australian Plants Society Tasmania Inc.	037 015	194644
EFT	Reference: your LAST name	Transaction record <input type="text"/>
@ email to	Membership@apstas.org.au	
Cheque	✉ mail Treasurer, APST Inc., PO Box 1205, Gravelly Beach, Tasmania 7276	

Agreement & signature

I agree to being a member in accordance with the APST Constitution, rules and the Associations Incorporation Act. As a member, I will not act in any way that is contrary to APST's objectives or bring APST into disrepute. If I act in contradiction to this, I understand that my membership may be cancelled.

Signature	
Date	

Information

To help us plan a comprehensive membership experience please complete the following:

1. What would you like to gain from your membership?	
2. Why did you join?	
3. How did you hear about us?	

Administration use only

Date registered	<input type="text"/>	Date complete	<input type="text"/>
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