# APPLICATION FOR COLLECTIVE MEMBERSHIP

(This application form can be downloaded from IABMAS Australia at http://www.iabmas-aust.org/join.html)

|  |  |
| --- | --- |
| * **NAME OF ORGANIZATION:**
 |  |

* **MAILING ADDRESS**

|  |  |
| --- | --- |
| STREET: |  |
| CITY: |  | STATE: |  |
| ZIP-CODE: |  | COUNTRY: |  |
| TEL: |  | FAX: |  |

|  |  |
| --- | --- |
| * **E-MAIL ADDRESS:**
 |  |

* **CONTACT PERSON**

|  |  |
| --- | --- |
| NAME: |  |
| TITLE (Dr., Mr., Mrs., Ms., Prof.): |  |

* **MAILING ADDRESS**

|  |  |
| --- | --- |
| STREET: |  |
| CITY: |  | STATE: |  |
| ZIP-CODE: |  | COUNTRY: |  |
| TEL: |  | FAX: |  |
| E-MAIL ADDRESS: |  |

* **ACTIVITIES COVERED BY YOUR ORGANIZATION (SHORT DESCRIPTION):**

|  |
| --- |
|  |
|  |
|  |

* **INTEREST IN IABMAS:**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| * **Signature:**
 |  | **Date:** |  |
|  |  |  |  |

Please complete this application and e-mail to:

## Dr. Colin Caprani, Secretary of IABMASAustralia, colin.caprani@monash.edu