# APPLICATION FOR COLLECTIVE MEMBERSHIP

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

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

* **MAILING ADDRESS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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):**

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* **INTEREST IN IABMAS:**

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

Please complete this application and e-mail to:

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