



## NEW MEMBERSHIP AND RENEWAL FORM

Or join online at: [https://aiaact.tidyhq.com/public/membership\\_levels](https://aiaact.tidyhq.com/public/membership_levels)

|                                      |             |              |
|--------------------------------------|-------------|--------------|
| Title:                               | Given Name: | Family Name: |
| Postal Address:                      |             |              |
| Email (required for database entry): |             |              |
| Phone:                               | Mobile:     |              |
| Occupation/Position/Organisation:    |             |              |

### Membership Type (please tick)

### Office Use:

|                       |       |   |  |           |  |
|-----------------------|-------|---|--|-----------|--|
| Corporate/Diplomatic* | \$280 | Corporate entity (Business, diplomatic mission) |  | Payment:  |  |
| Individual/Diplomatic | \$115 | Individual person                               |  | Pay Type: |  |
| Family                | \$135 | Individual person and their spouse/partner      |  | Database: |  |
| Senior Family         | \$105 | Senior and their spouse/partner, both as above  |  | Send Rec: |  |
| Senior                | \$80  | Over 60 yrs, no full time employment            |  |           |  |
| Student – with AJIA** | \$50  | Full time student with AJIA**                   |  |           |  |
| Student – no AJIA**   | \$25  | Full time student                               |  |           |  |

\* Corporate/Diplomatic membership entitles up to five representatives from your organisation to attend an event

\*\* AJIA – Australian Journal of International Affairs: all memberships include five copies/year unless otherwise stated

- I am happy for the ACT Branch to identify me as a member in Branch newsletters
- I wish the ACT Branch to keep my membership private
- I do not want to be sent the AJIA

Credit Card details if paying by credit card:  
(Accepted cards: Visa or Mastercard)

Card No.

Name on card: \_\_\_\_\_

Expiry Date:

I undertake to be bound by the rules of the Branch, including the obligation to respect the wishes of speakers to protect their comments under the Chatham House Rule, if requested. I also undertake to ensure that all family/ corporate members covered by this membership are similarly bound.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail this form with your cheque (payable to AIIA ACT Branch) or credit card details to: The Administrative Assistant, AIIA ACT Branch, PO Box 34 Deakin West ACT 2600. Under the ACT Branch Constitution, membership is subject to approval by the Branch Council which meets monthly.