

Application for Membership

Title _____

First Name _____ Last Name _____

Organisation _____

Position _____

Address _____

State _____ Area Code _____

Country _____ Phone (____) _____

Fax (____) _____ Email address* _____

*We require your email address to inform you of ASBHM activities. We will not sell it to any other organisation.

Date of Application ____/____/____

Academic degrees/other professional qualifications _____

Professional/academic discipline _____
(e.g., epidemiology, medicine, physiology, psychology, sociology)

Membership Type (please tick one) Professional member \$AUD 60
(Valid 1st Jan – 31st Dec) Full time student \$AUD 20

I would like to be a PROMISE* member (free)
* PROMISE: Promoting Research Opportunities, Mentoring and Innovations for Students and Early Career Members.
See website <http://www.asbhm.org/> for more details on eligibility criteria.

Enter total amount payable* \$AUD: _____

* ASBHM is a non-profit organisation that does not incur GST.

Method of Payment (Please tick one)

My cheque or money order is attached and made payable to ASBHM in Australian Dollars

I have deposited money into the ASBHM bank account, with my **full name** in the deposit description field
Account Name: Australasian Society for Behavioural Health and Medicine
BSB: 063 449 Account Number: 1007 1974

Please charge my credit card:

Mastercard Visa Bankcard

Credit Card Number:

Name on Card: _____

Expiry Date: ____/____

Signature _____ Date ____/____/____

Mail or Fax completed form with payment details to: ASBHM c/o Sheleigh Lawler and Brianna Fjeldsoe, Cancer Prevention Research Centre, School of Population Health, University of Queensland, Herston Rd, Herston, QLD 4006, Australia. Fax +61 7 3365 5540 (Attention Sheleigh Lawler)