



Australian Association for Psychological Type Inc

Membership Form

TAX INVOICE

ABN 77 061 724 525

Personal Details

Title: _____ First Name: _____ Surname: _____

Email: _____

Postal address: _____ Suburb: _____

State: _____ Postcode: _____ Country, if not Australia _____

Phone (work): _____ Phone (home): _____ Mobile: _____

Organisation/Employer: _____

Professional title/role: _____ Personality Type preferences (eg. ESTJ) _____

Region: QLD NSW/ACT VIC/TAS SA/NT WA International

Membership Fee

Full members' annual fee \$143.00 \$AU _____

Concession for Seniors & Full-time students: \$80.00
Proof required – Photocopy of Seniors / Student card \$AU _____

Donation to the Psychological Type Research Unit \$AU _____

Total amount: \$AU _____

"Refer a buddy": Refund for members referring a colleague or friend to join AusAPT. See conditions overleaf.

Payment

Cheque or Money Order, made payable to: AusAPT Inc.

Charge my Credit Card MasterCard Visa \$AU _____

Credit Card Number:

Expiry Date: /

Name on card: _____

Signature: _____

I would like to be included in the Register of accredited psychological Type practitioners / facilitators.

I am interested in learning more about volunteer opportunities with AusAPT Inc activities.

All information I have supplied is true and correct

Signature

Date _____

ABN 77 061 724 525 c/- The Ryder Self Group PO Box 540 Ashfield NSW 1800 Tel: +61 2 9716 8662 www.ausapt.org.au

EXPANDING KNOWLEDGE – SHARING EXPERIENCE – ENRICHING NETWORKS



Australian Association for Psychological Type Inc

“Refer a buddy”

A refund is provided to a current or new member who refers a colleague, friend or family to join AusAPT. Once we receive the completed Membership Application form and payment from the buddy, the referring member will receive a refund of \$25.

Name of person who referred you: _____

Payment Options

Please retain a copy of this document as your taxation invoice and return a copy with payment to:

Mail: AusAPT Inc
c/- The Ryder Self Group
PO Box 540
Ashfield NSW 1800

Fax: Complete form with credit card details and fax to: 02 9797 6364

Email: Scan completed form and email to vicepresident@ausapt.org.au

Please allow 30 days for registration to be processed.

Your interests

We are keen to keep up with our members' needs and interests so that we can better tailor events, newsletters, journal topics etc.

Please indicate your **top 3** areas of interest.

- | | | |
|--------------------------------|---|-------------------------------------|
| 1. Ageing | 10. Culture | 17. Personal & family relationships |
| 2. Art & music | 11. Customer relationships and selling | 18. Personal growth & development |
| 3. Careers & occupations | 12. Education and learning | 19. Psychological theory |
| 4. Change management | 13. Health & well-being | 20. Research |
| 5. Coaching | 14. Leadership development | 21. Spirituality & religion |
| 6. Communication | 15. Management & organisational development | 22. Stress management |
| 7. Conflict management | 16. Mentoring | 23. Team building |
| 8. Counselling & psychotherapy | | 24. Other |
| 9. Creativity | | |

Your age:

1. Under 25 years
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 years or more

How did you find out about AusAPT?

1. Accrediting organisation / facilitator
2. Attending events, conferences
3. Google search, Internet
4. Colleague, friend, family
5. Other, please specify:

GENERAL COMMENTS

PRIVACY STATEMENT:

We collect and hold your personal information in order to provide you with member services. Your personal information is disclosed to outside organisations only in order to provide these services to you. We do not provide mailing lists to external parties for their advertising purposes. You are entitled to request a copy of your membership record at any time. Please indicate if you do not want to receive information from us in the future.