

Health Promoting School Association



Membership Application/Renewal

ABN: 61 051 030 487 (GST exempt under Section 23 (15) of the Act)

I wish to apply for membership of the Australian Health Promoting Schools Association and agree to be bound by its constitution.

Name (for receipt):

Occupation:

Organisation:

Address:

..... State: Postcode:

Phone:() Fax:()

Email:

Signature: Date:/...../.....

Membership category (please tick appropriate box)

- | | | | |
|-------------------------------------|------|---|------|
| <input type="checkbox"/> Individual | \$45 | <input type="checkbox"/> Student/unpaid | \$15 |
| <input type="checkbox"/> Corporate | \$90 | <input type="checkbox"/> School | \$90 |

For school or corporate memberships please nominate an additional 2 people for access to discussion area of AHPSA website.(Please print clearly)

1. Name: Email:

2. Name: Email:

Would you like to receive your newsletter electronically? Yes No

Mail cheque with membership application to:
Australian Health Promoting Schools Association
c/- Centre for Health Promotion
295 South Terrace,
ADELAIDE, SA 5000

Membership Secretary: Rhonda Nicholson

rln@cgs.vic.edu.au

Encouraging school communities to take action for their own health and well being and that of others for better health & better learning!