

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.

PLEASE PRINT CLEARLY

Name (for receipt): _____

Occupation: _____

Organisation: _____

Address: _____

State: _____ Postcode: _____

Phone:() _____ Fax:() _____

Email: _____

Signature: _____ Date: / /

Membership category (please tick appropriate box)

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

For school or corporate memberships, please nominate an additional 2 people for access to discussion area of AHPSA website.

1. Name: _____ Email: _____

2. Name: _____ Email: _____

Mail cheque with membership application to:

Australian Health Promoting Schools Association
c/- Rhonda Nicolson - Membership Secretary
Camberwell Grammar School
PO Box 151 Balwyn 3103

Telephone: +61 3 9835 1777 Fax: +61 9836 0752 Email: rln@cgs.vic.edu.au

*Encouraging school communities to take action for their own health and wellbeing,
and that of others for better health, better learning!*