Australian Association for Professional and Applied Ethics Inc.

ABN 91 541 307 476 http://aapae.org.au

RENEWAL / APPLICATION FOR MEMBERSHIP - 2021-22⁽¹⁾

Please **email** or post your completed form to the AAPAE Secretary **Postal address:** Ian Gibson AAPAE, C/- GPO Box 1692, Melbourne VIC 3001 **Email**: info@aapae.org.au Tel: +61 (0) 7 3735 5189

Name:	Title:
Postal address:	
	Postcode:
Organisation:	
If Institutional Membership, name of cor	ntact person:
Telephone: (1)	(2)
Email address:	
for Professional and Applied Ethics Inc., provided evidence of my strong interest the back of this form (interest may be evi	by membership (cross out as applicable) of the Australian Association and agree to be bound by the constitution of the Association. I have to in professional or applied ethics (new members only), as noted or idenced by way of qualifications, experience, publications, conference eavour that requires the application or knowledge of professional or
Signature of applicant:	Date:
l enclose payment of:	
[] A\$90 Individual ⁽³⁾ or [] /	A\$25 Concession ^{(2), (3)} or [] A\$200 Institutional ⁽³⁾
	dividual and concessional members may purchase a hardcopy of the rect from Emerald Group Publishing at a 30% discount. Please email
[] Electronic funds transfer (EFT) Account name: Australian Associatio BSB: 063 408 Account number: 1001861 [] I enclose a Cheque / Bank Draft (in A	7 SWIFT code: CTBAAU2S (for international bank transfers)
Australian Association for Profession	
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Jignature.	Date

- (1) Membership covers the period from 1 April to 31 March and includes entitlement to receive the AAPAE's bi-annual newsletter, Australian Ethics, and a reduced registration rate for the Annual Conference.
- (2) Students and others entitled to concessions.
- (3) As the AAPAE is not registered for Goods and Services Tax (GST), GST is not levied on membership fees.

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For **NEW MEMBERS**, please complete the following sections.

For **RENEWING MEMBERS**, please only complete if you wish to update your details/change your preferences.

Evide	ence of my	strong interest in	n professional or app	lied ethics	
be ev	idenced b	y way of qualificat	ions, experience, pub	·	l or applied ethics (interest may orticipation, or through any other lied ethics):
Mem		tory information			
mem	bers and	others (upon requ	est only) to provide n		ectory will be made available to s. Please include here only such tory.
[]	Same as	overleaf			
Nam	e:				Title:
Quali	ifications:	-			
Posit	ion:				
Orga	nisation:				
Telep	ohone:	(1)		(2)	
Emai	l address:				
[]	Please in	iclude my email ac	ddress on the AAPAE'	s distribution list.	
Spea	ker reque	sts			
[]	I am will profession	ing to consider re	ethics (your personal	details will not be made	o provide a speaker on topics in e available to others, other than preferred topics include:
For o	office use o	only			
Prop	oser:			Seconder:	
Date	admitted	to membership: _			

The AAPAE respects and protects the privacy of its members, and is bound by the provisions of the *Privacy Act* 1988 (Cth), including the Australian Privacy Principles.