Australian Association for Professional and Applied Ethics Inc.

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

RENEWAL / APPLICATION FOR MEMBERSHIP(1)

Please **email** or post your completed form to the AAPAE Secretary **Postal address:** Dr Adam Andreotta, Curtin University, School of Management and Marketing

Building 402, Level 8, Kent St, Bentley WA 6102 Australia

Email: info@aapae.org.au Tel: +61 (0) 7 3735 5189

Name:	Title:
Postal address:	
	Postcode:
Organisation:	
If Institutional Membership, name of contact	t person:
Telephone: (1)	(2)
Email address:	
for Professional and Applied Ethics Inc., and provided evidence of my strong interest in the back of this form (interest may be eviden	nembership (cross out as applicable) of the Australian Association I agree to be bound by the constitution of the Association. I have professional or applied ethics (new members only), as noted or need by way of qualifications, experience, publications, conference our that requires the application or knowledge of professional or
Signature of applicant:	Date:
I enclose payment of:	
[] A\$90 Individual ⁽³⁾ or [] A\$30	Concession ^{(2), (3)} or [] A\$200 Institutional ⁽³⁾
	dual and concessional members may purchase a hardcopy of the t from Emerald Group Publishing at a 30% discount. Please email
[] Electronic funds transfer (EFT) Account name: Australian Association for BSB: 063 408 Account number: 10018617 S	or Professional and Applied Ethics WIFT code: CTBAAU2S (for international bank transfers)
[] I enclose a Cheque / Bank Draft (in Aust Australian Association for Professiona	
Mastercard / Visa	
Card no:	Exp. Date:/
Cardholder's name:	
Signature:	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.

Evider	nce of my	strong interest in professional or applied ethics
be evi	denced b	nstitutional entity] confirm my strong interest in professional or applied ethics (interest may way of qualifications, experience, publications, conference participation, or through any other requires the application or knowledge of professional or applied ethics):
Memb	er direc	ory information
memb	ers and	ntains a directory of members. The intention is that this directory will be made available to thers (upon request only) to provide networking opportunities. Please include here only such you wish to make available to others in the membership directory.
[]	Same as	overleaf
Name	:	Title:
Qualif	ications:	
Positio	on:	
Organ	isation:	
Teleph	none:	(1)(2)
Email	address:	
[]	Please ir	clude my email address on the AAPAE's distribution list.
Speak	er reque	ts
	profession	ng to consider requests from organisations for the AAPAE to provide a speaker on topics in nal and applied ethics (your personal details will not be made available to others, other than E Committee members, without your specific approval). My preferred topics include:

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.