

2009/2010 MEMBERSHIP APPLICATION

ABN: 23 083 489 463

Complete and return this registration form with full payment to:
PO Box 210
Bendigo Central VIC 3552
Fax: 03 5444 1783

Personal Details: (for individual; or for corporate membership, first nominated contact. For corporate membership please provide a separate list of nominated contacts)

Title: (eg Mr/Mrs) _____ First Name: _____ Surname: _____
 Home Postal Address: _____
 State: _____ PCode: _____ Tel: () _____ Fax: () _____
 Mobile: _____ Email: _____

Organisation/Employer Details:

Job Title: _____ Organisation/Employer: _____
 Employer Address: _____ State: _____ PCode: _____
 Tel: () _____ Fax: () _____ Mobile: _____
 Email: _____ Web Address: _____

Where would you like your information to be sent? Work Home
 Which Email address do you want listed on the Email Discussion List? Work Home Don't List

Qualifications:

Please indicate the qualification levels you have achieved and list the actual name of the qualification.
 1. _____
 2. _____
 3. _____
 Are you a member of any other professional association? Yes No
 If Yes please list: _____

Member Profile:

Please indicate which of the following applies to you or your organisation (Tick all that apply)

<input type="checkbox"/> Local Gov't	<input type="checkbox"/> State/Federal Gov't	<input type="checkbox"/> Education/ Research	<input type="checkbox"/> Youth
<input type="checkbox"/> Aquatic	<input type="checkbox"/> Consulting	<input type="checkbox"/> Natural Resource Management	<input type="checkbox"/> Centre Management
<input type="checkbox"/> Management	<input type="checkbox"/> Parks & Gardens	<input type="checkbox"/> Contract Provider	<input type="checkbox"/> Planning
<input type="checkbox"/> Aged Care	<input type="checkbox"/> Disability Services	<input type="checkbox"/> Amenity Horticulture	<input type="checkbox"/> Product Supplier
<input type="checkbox"/> Other (please list) _____			

Membership Categories, annual fee and method of payment:

<input type="checkbox"/> * Individual	\$199.00	<input type="checkbox"/> * Full Time Student	\$ 47.00
<input type="checkbox"/> * Fellow	\$199.00	<input type="checkbox"/> Hort Therapy Assoc Member	\$ 50.00
<input type="checkbox"/> * Corporate 2	\$423.00	<input type="checkbox"/> * Retired	\$ 92.00
<input type="checkbox"/> * Corporate 5	\$862.00	<input type="checkbox"/> Journal Subscription– in Aust	\$ 70.00
<input type="checkbox"/> * Corporate 50	\$6,686.00	<input type="checkbox"/> Journal Subscription– Overseas	\$ 87.00
		<input type="checkbox"/> Australasian Leisure Magazine	\$ 18.00

* PLA Quarterly Journal is included in the annual membership fee

Please tick appropriate box and enter total due below

Membership application should be submitted with payment of full membership fee which includes GST.
 An ATO compliant tax invoice will be issued upon receipt of application and payment.

I enclose a cheque for \$ _____ **or**
 Please charge my credit card: MasterCard Visa AMEX
 Card Number: - - - - / - - - - / - - - - / - - - - Expiry Date: - - / - - Total Amount: \$ _____
 Card Holders Name: _____ Signature: _____

g For Direct Payment details contact Parks and Leisure National Office – 03 5444 1763