

Application for Membership

Tax Invoice - ABN: 33 917 298 751

Personal Details

Title: _____
First Name: _____
Surname: _____
Postal Address: _____

Phone: _____ Mobile: _____ Fax: _____
Email: _____ Date of Birth: ____/____/____

Employment Details

Position Title: _____
Organisation: _____

Tertiary Qualification

Qualification: _____
University: _____
Qualification: _____
University: _____

Print this form, fill it out and send it
with supporting documentation to:

Bernadet Ferraro
Executive Officer
EHPA Ltd
PO Box 378
DIAMOND CREEK VIC 3089

Please provide certified copies of qualifications. (**REQUIRED**)

Processing of your application can only commence, once all required information and
attachments are provided.

Special Interest Groups

Please indicate your special interest areas

- Food Safety & Security
- Emergency Management
- Environment
- Public Health & Wellbeing
- Aboriginal Environmental Health
- Student & New Graduate



Membership Details

(See our website (<http://ehpa.org.au/membership/>) for details on eligibility and benefits of each membership class)

Membership Class	Membership Fee	Part-time Option*	Pro-Rata**	Fee
↓ Please tick to select membership type			↓ Please tick if applicable	
<input type="checkbox"/> Member	\$360 (early bird by 31st July \$335)**	<input type="checkbox"/> \$230	<input type="checkbox"/> Sept 1 - Dec 31	\$270
<input type="checkbox"/> Fellow	\$360 (early bird by 31st July \$335)**	<input type="checkbox"/> \$230	<input type="checkbox"/> Jan 1 - March 31	\$180
<input type="checkbox"/> Associate Member	\$360 (early bird by 31st July \$335)**	<input type="checkbox"/> \$230	<input type="checkbox"/> April 1 - June 30	Free
<input type="checkbox"/> Graduate Member	\$185		The pro-rata is applicable only to new, FULL TIME memberships of the following classes: Member, Fellow & Associate Member.	
<input type="checkbox"/> Student Member	No fee			
<input type="checkbox"/> Retired	\$60			
<input type="checkbox"/> Temporary Inactive	No fee - please read Quick Guide – Membership Classes		It does not apply to any other classes.	
*Please provide document from employer stating part-time status (REQUIRED)				

Cheque: Please make payable to “Environmental Health Professionals Australia Ltd”

Credit Card: Please debit the following card for the nominated total:

Visa Mastercard

Card Number: _____

Expiry Date: ____ / ____ / ____ CCV: _____

Card Holders name (as it appears on the card): _____

Signature: _____

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Bernadet Ferraro
Executive Officer
EHPA Ltd
PO Box 378
DIAMOND CREEK VIC 3089

This is an application for membership of EHPA. By filling in this form you will provide us with essential information that is required to process your application.

Processing of your application can only commence, once all required information and attachments are provided.

Please note that all applications are subject to the requirements and standards of the Constitution of EHPA and the By-laws of EHPA and the approval by the Board of Directors.

Applicant’s Declaration:

I agree to be bound by the Constitution of Environmental Health Professionals Australia Ltd at all times. I certify the details provided by me are true and correct.

I HEREBY UNDERTAKE that, in the event of EHPA being wound up while I am a member or within one year after I cease to be a member, the amount I have guaranteed is to be applied as follows:

- (a) payment of the debts and liabilities of EHPA contracted before I cease to become a member;
- (b) the costs, charges and expenses of winding up; and
- (c) adjustment of the rights of the contributories among themselves;

such amount as may be required not exceeding TEN DOLLARS (\$10.00).

Applicant’s Signature: _____

Date: ____ / ____ / ____

