

# MEMBERSHIP APPLICATION FORM

## General or Student

Incorporated Association No. IA55484



INTERNATIONAL ASSOCIATION OF  
APPLIED NEUROSCIENCE

I, being the applicant named on this application for membership, desire to become a general/student member of the International Association of Applied Neuroscience (IAAN) Incorporated (an association incorporated in Queensland) and hereby agree, if admitted to membership, to be bound by the Rules of the IAAN Incorporated for the time being in force and hereby authorise my name and contact details to be placed on the Register of Members- **we draw your attention to the PRIVACY DISCLAIMER at the bottom of page 2.**

**Name:** \_\_\_\_\_

**Employer/Self-employed:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Email and Skype:** \_\_\_\_\_

**Phone: (home)** \_\_\_\_\_

**Phone: (work hours)** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

<b>Main area of work (tick all that apply)</b>	<input type="checkbox"/> Psychology <input type="checkbox"/> GP <input type="checkbox"/> Psychiatry <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Work <input type="checkbox"/> Other Medical <input type="checkbox"/> Educational <input type="checkbox"/> Volunteer/support work <input type="checkbox"/> Other _____
<b>Professional membership/s</b>	Primary professional body membership: _____ Membership number: _____ Other: _____
<b>Your qualifications</b>	<input type="checkbox"/> PhD <input type="checkbox"/> Masters Degree <input type="checkbox"/> BSc/BA <input type="checkbox"/> Grad Dip. <input type="checkbox"/> Grad Cert. Year of award: _____ Institution: _____ Other Qualifications: _____
<b>Years in practice</b>	<input type="checkbox"/> 1 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> >10
<b>How would you best describe your current role?</b>	<input type="checkbox"/> Government employed <input type="checkbox"/> In private practice <input type="checkbox"/> Volunteer <input type="checkbox"/> Qualified but not currently practicing <input type="checkbox"/> Retired <input type="checkbox"/> Other _____

## COMPLIMENTARY eJOURNAL ACCESS



INTERNATIONAL ASSOCIATION OF  
APPLIED NEUROSCIENCE

I wish to receive the free Mediros eJournal  
<http://www.mediros.com.au/ejournal-1/>

I wish to subscribe free to the International Journal of Neuropsychotherapy  
<https://www.iaan.com.au/journal/>

## MEMBERSHIP CATEGORIES\* (annual fee)

\$75 General Membership

\$50 Student Membership<sup>†</sup>

\***Certified** and **Associate** memberships are available at \$125 and \$100 per annum (respectively) after attendance at the 3 day Applied Neuroscience Practitioner Training (see the IAAN website [www.iaan.com.au](http://www.iaan.com.au) for more details).

<sup>†</sup>Students currently enrolled and studying must provide details of current enrolment with this application. Students who are deferred must contact the Secretary to discuss membership options.

## PAYMENT METHODS

EFT DETAILS – IAAN Inc. BSB 014 281 Acc # 4040 19322

You must use your reference code in the “message/reference” field of your internet banking website and attach a transfer receipt to this application. Your reference code takes the form of your surname then initial, e.g. SmithM, please write it here \_\_\_\_\_.

Cheque (Australia only) – please send a cheque made payable to IAAN Inc. to the address below.

**Receipt:** Your receipt and membership details will be issued once the Management Committee (or a designated officer) has accepted your membership.

**APPLICANT:** I acknowledge that I am a health professional (or a currently enrolled student<sup>†</sup>) who holds a recognised professional qualification and I accept the Rules of Membership which are available to me on request from IAAN Inc.

<sup>†</sup>As a student, you are not required to hold a current professional qualification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form, sign, scan and email it to: (Registrar) at [office@iaan.com.au](mailto:office@iaan.com.au)

Alternatively, please post it (with any attachments) to: IAAN Registrar, PO Box 4445, Forest Lake, QLD, 4078

(ph: +61 491 073 689)

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For IAAN use: Renewal date: \_\_\_\_\_ Proposer/seconded: \_\_\_\_\_

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**PRIVACY DISCLAIMER:** The collection of your name and email address is so that we may register you as a member of the IAAN. This information will be stored by the IAAN in a database and may be used for future marketing and information purposes as well as a publicly accessible website search function, but will not be disclosed to a third party without your permission. If you do not wish your details to be used in this way, please check this box . If this box is left unchecked then the IAAN will consider that the individual/s completing this form give consent to their name and email address being used in the manner indicated.