



Inventors Association Of Australia (SA) Inc.

www.inventors.asn.au

Membership Application

Please tick appropriate boxes and complete as fully as possible (* indicates required)

Corporate¹(\$150.00PA) Personal (\$60.00PA) Concession²(\$40.00PA) Family³(\$30.00PA)

Title*: Mr Miss Mrs Ms Dr Gender*: Male Female DOB*: ___/___/___

First Name*: _____

Last Name*: _____

Address*: _____

Suburb*: _____ State*: _____ Postal Code*: _____

Email*: _____

Home Phone: _____

Mobile Phone*: _____

Fax: _____

Skype ID: _____ Twitter ID: _____

Signed*: _____ Dated*: _____

Corporate Membership Details:

Business Name*: _____

ABN: _____

Business Address*: _____

Suburb*: _____ State*: _____ Postal Code*: _____

Business Email*: _____

Business Phone*: _____

Business Fax: _____

Business Skype ID: _____ Twitter ID: _____

Website: _____

Facebook Page: _____ YouTube Channel _____

Additional Family/Representative Details Continued On Reverse Side

¹ **Corporate membership** includes a total of **THREE** representative members listed to attend meetings, a promotional listing of your business within our website and monthly newsletter. Representative members must be specified on the application form upon joining.

² **Concession discount** is available to Pension Concession Card, Companion Card - States and Territories of Australia, Low Income Health Care Card, Seniors Card and Student Card ISIC or similar (Full time) holders upon presentation at membership application.

³ **Additional Family members** may be added to a **full Personal membership** provided the additional member is direct family (husband, wife, mother, father, sons, daughters, brothers and sisters). Family members must be specified on the application form upon joining.

By signing this application (for yourself and on behalf of others listed within this application) agree to all terms and conditions of membership to IAA (SA) Inc.

Title* : Mr Miss Mrs Ms Dr Gender* : Male Female DOB* : ___/___/_____

First Name* : _____

Last Name* : _____

Address: _____

Suburb: _____ State: _____ Postal Code: _____

Email* : _____

Home Phone: _____

Mobile Phone* : _____

Skype ID: _____ Twitter ID: _____

Title* : Mr Miss Mrs Ms Dr Gender* : Male Female DOB* : ___/___/_____

First Name* : _____

Last Name* : _____

Address: _____

Suburb: _____ State: _____ Postal Code: _____

Email* : _____

Home Phone: _____

Mobile Phone* : _____

Skype ID: _____ Twitter ID: _____

Title* : Mr Miss Mrs Ms Dr Gender* : Male Female DOB* : ___/___/_____

First Name* : _____

Last Name* : _____

Address: _____

Suburb: _____ State: _____ Postal Code: _____

Email* : _____

Home Phone: _____

Mobile Phone* : _____

Skype ID: _____ Twitter ID: _____

Please Make All Cheques Payable to: **Inventors Association of Australia (SA) Inc.**

Please include your **name, address, email** and **phone numbers** on the **reverse side**.

Please post the completed form together with your cheque to:

IAA(SA)Inc, PO Box 32, Ashton, SA, 5137 *or bring it with you to a meeting.*

OFFICE USE ONLY	<input type="checkbox"/> Form Complete	MAF V1.4 16072014
Amount Paid \$	<input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> CC <input type="checkbox"/> PP	<input type="checkbox"/> Welcome Email Sent
Renewal Date:	<input type="checkbox"/> DB Updated	<input type="checkbox"/> Card Issued