

ACTRA MEMBERSHIP APPLICATION FORM

ABN 26 970 065 392 This notice becomes a Tax Invoice on receipt of payment – please keep a copy.

CONTACT DETAILS

Name _____

Job title _____

Organisation _____

Address _____

City _____ State _____ Postcode _____

Country _____

Telephone _____ Fax _____

E-mail _____

Include details on the ACTRA website? Yes No

APPLICATION

I hereby apply for membership of the Australasian College of Toxicology and Risk Assessment (ACTRA). If elected, I agree to abide by the Constitution of the College and the pay the Annual Subscription so long as I shall remain a member. I understand that ACTRA is planning to establish a Register for scientists engaged in the practice of toxicology and/or health risk assessment and that membership of ACTRA will be a prerequisite for consideration of such a Register. However, I acknowledge that Registration will be a separate process which will require a further application and fee.

Signature _____

Nominator

I propose the above applicant for membership. I am a current financial member of ACTRA.

Name _____

Signature _____

Please email to secretariat@actra.org.au a summary CV (approx 1 page), which includes qualifications (with details of institution and year of conferment), and your experience/interests in toxicology and risk assessment or related disciplines to the Secretariat (address below). All applications for membership will be forwarded to the Membership Secretary after which the applicant will be advised of the outcome. All benefits of membership apply until otherwise notified.

ANNUAL SUBSCRIPTION

All payments must be made in Australian dollars. If payment is made by bank transfer, all fees must be paid by the remitter.

Australia (*Includes GST)

- Full member \$110.00
 Student member \$27.50
 Emeritus member \$27.50

Overseas

- \$100.00
 \$25.00
 \$25.00

Cheque (AUD) to ACTRA enclosed

Direct deposit made on ___/___/___

Account name: Australasian College of Toxicology
and Risk Assessment Inc

Bank: National Australia Bank

Account No: 083 153 79647 6337

Reference: ACTRA – insert surname

Please charge this credit card AUD

Card type _____

Expiry _____

Number _____

Name _____

Signature _____

Cardholder Email _____