

ACTRA

**Australasian College of Toxicology
and Risk Assessment**

MEMBERSHIP APPLICATION FORM

July 2009 - June 2010

email: actra@meetingsfirst.com.au
website: www.actra.org.au

Contact details

Name	_____	Telephone	_____
Job title	_____	Fax	_____
Institution	_____	E-mail	_____
Address	_____		

City	_____	State	_____
	_____	Postcode	_____
Country	_____	Include details on the ACTRA website?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Application – please also email a 1-2 page brief CV to actra@meetingsfirst.com.au

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 accreditation. However, I acknowledge that accreditation 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 _____

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)	Overseas
Full member	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$100.00
Student member	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$25.00
Emeritus member	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$25.00

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Cheque (AUD) to Meetings First enclosed		Please charge this credit card AUD
	Direct deposit made on ____/____/____		Card type
	Account name: Meetings First		Number
	Bank: National Australia Bank		Name
	Account No: 083 153 45 648 5990		Signature
	Reference: ACTRA – insert surname		Cardholder Email
			Expiry

TAX INVOICE

This notice becomes a Tax Invoice on receipt of payment – please keep a copy.
This Tax Invoice has been issued by Meetings First on behalf of the ACTRA (ABN 26 970 065 392)

ACTRA Secretariat – Meetings First

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