



AVETRA Membership Application Form

▲ Membership is January to December
▲ You will be sent a receipt ratifying your membership

- Individual membership \$180.00
- Part-Time/Full-Time Student \$90.00 Course studying: _____ (Attach Proof)
- Employed by NCVET \$90.00
- Retired membership \$90.00

■ I wish to become a member of AVETRA: _____ ■ I wish to renew my membership to AVETRA: _____

Name: _____

Position: _____ Organisation: _____

Address: _____

City: _____ Postcode: _____ Tel: _____

Email: _____

Please circle your organisation category:

- TAFE ■ University ■ Private trainer ■ Consultant ■ RTO ■ Employer ■ NCVET ■ International ■ Other

Payment Options

1. credit card – online <https://tas.currinda.com/register/organisation/43>
2. Direct Deposit

Account Name: AVETRA
BSB Number: 082-212
Account Number: 57-076-2496

For identification purposes please use either your name as your reference of payment and send remittance to avetra@theassociationspecialists.com.au

3. I enclose a **cheque** for _____ \$ payable to AVETRA

4. Credit Card (Offline Payment)

Visa MasterCard Card Number _____

Name on Card: _____

Expiry Date: _____

Signature: _____ CV: _____

I agree as a member of AVETRA to follow the Code of Practice for AVETRA researchers
(<http://avetra.org.au/about-avetra/code-of-practice>)

Signed: _____ Dated: _____