

**Australasian Association of Professional and Consulting
Anthropologists and Archaeologists Inc.**

P.O. Box 782
Nedlands, W.A. 6009

MEMBERSHIP APPLICATION FORM

[information accompanying the application is confidential]

NAME

TITLE

ADDRESS

TELEPHONE (h) (w)

FAX (h) (w)

E-mail

OCCUPATION

COMPANY or
INSTITUTION

ADDRESS

QUALIFICATIONS *(Applicants are required to include certified copies of their academic transcripts)*

PROFESSIONAL EXPERIENCE : *Please attach curriculum vitae*

MY APPLICATION IS FOR **FULL / ASSOCIATE MEMBERSHIP**

[delete as appropriate]

Membership is \$25 pa. for Full Membership and \$15 pa. for Associate Membership.
Applications must be made on the prescribed form and accompanied by a \$5 application fee.

SIGNATURE _____ DATE