



Australasian University Safety Association Individual Member Application Form

Title (Circle your preferred title)	Prof. Dr. Mr. Mrs. Miss. Ms. Other:_____
Given Name/s	
Surname	
Institution Name	
Department or Unit	
Job Title	
Postal Address	
Telephone Number (Daytime)	
Facsimile Number	
Email Address	
Web Page URL	
Qualifications	
Experience	
Endorsement of membership application by current AUSA member:	
Name of AUSA member	
Institution of AUSA member	

Submit completed application form to the AUSA Secretary by either:

1. Emailing to michael.rafferty@uwa.edu.au with a Cc to the AUSA member endorsing your application; or
2. Faxing to Mr Michael Rafferty on (61) 08 6488 1179; or
3. Posting to: Mr Michael Rafferty
 Secretary AUSA
 C/- Safety and Health (M350)
 The University of Western Australia
 35 Stirling Hwy
 Crawley WA 6009
 AUSTRALIA

Your application will be considered by the AUSA Executive and you will be informed of the outcome.