

Applicant Details

Title	Prof. Dr. Mr. Ms. Mrs. Miss Other: _____
Applicant Name	
Institution Name	
Department or Unit	
Position Title	
Description of position's alignment with health, safety, environment or related field	
Postal Address	
Telephone No. (Daytime)	
(Institution) Email Address	

Applicant Declaration

I, the person named above, desire to become a member of the Australasian University Safety Association Inc. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant

Date

Nominator Declaration

I, _____, a member of the Association, nominate the applicant,
(Name)
who is personally known to me, for membership of the Association.

Signature of Proposer

Date

Secunder Declaration

I, _____, a member of the Association, second the nomination
(Name)
of the applicant, who is personally known to me, for membership of the Association.

Signature of Secunder

Date

Submit completed application form to the AUSA Inc. Secretary by either:

1. Email: xin.li@anu.edu.au with CC to your Nominator and Secunder; or
2. Post: Xin Li
Secretary AUSA Inc.
C/O Work Environment Group
Australian National University
Chancery Building 10B, East Road, ACT 2601

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