



AUSA

Australasian University Safety Association Inc.

MEMBERSHIP APPLICATION

Applicant Details

Title (Circle your 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: delaneys@unimelb.edu.au with CC to your Nominator and Secunder; or
2. Post: Mr Stefan Delaney
Secretary AUSA Inc.
C/- OHS & Injury Management
University of Melbourne
Grattan St, Parkville, Victoria, Australia

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