

2012/2013 MEMBERSHIP APPLICATION

Complete and return this registration form with full payment to:
23a Gardener Street
Plympton 5038

Personal Details:

Title: (eg Mr/Mrs) _____ First Name: _____ Surname: _____
Home Postal Address: _____
State: _____ PCode: _____ Tel: () _____ Fax: () _____
Mobile: _____ Email: _____

Organisation/Employer Details:

Job Title: _____ Organisation/Employer: _____
Employer Address: _____ State: _____ PCode: _____
Tel: () _____ Fax: () _____ Mobile: _____
Email: _____ Web Address: _____

Where would you like your information to be sent? Work Home
Which Email address do you want listed on the Email Discussion List? Work Home Don't List

Qualifications:

Please indicate the qualification levels you have achieved and list the actual name of the qualification.

1. _____
Are you a member of any other professional association? Yes No
If Yes please list: _____

Member Profile:

Please indicate which of the following applies to you or your organisation (Tick all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Local Gov't | <input type="checkbox"/> State/Federal Gov't | <input type="checkbox"/> Education/ Research | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Aquatic | <input type="checkbox"/> Consulting | <input type="checkbox"/> Natural Resource Management | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Management | <input type="checkbox"/> Parks & Gardens | <input type="checkbox"/> Contact Provider | <input type="checkbox"/> Centre Management |
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> Disability Services | <input type="checkbox"/> Amenity Horticulture | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Product Supplier | <input type="checkbox"/> Other (please list _____) | | |

Interests:

Please indicate which of the following interest you (Tick all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> HT Programs | <input type="checkbox"/> Design | <input type="checkbox"/> Sustainable Gardens | <input type="checkbox"/> Conferences |
| <input type="checkbox"/> HT Activities | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Health and Gardens | <input type="checkbox"/> HT Training |
| <input type="checkbox"/> Garden Tours | <input type="checkbox"/> Sensory Gardens | <input type="checkbox"/> Seminars/Workshops | <input type="checkbox"/> Childrens Gardens |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Community Gardens | <input type="checkbox"/> Regular Speakers | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Plant Knowledge | <input type="checkbox"/> Other (please list _____) | | |

Membership Categories, annual fee and method of payment:

Horticultural Therapy South Australia Member \$ 60.00

Please tick appropriate box and enter total due below

Membership application should be submitted with payment of full membership fee which includes GST and a research levy. An ATO compliant tax invoice will be issued upon receipt of application and payment.

I enclose a cheque for \$ _____ please make cheque payable to PLA or
 Please charge my credit card: MasterCard Visa AMEX
Card Number: - - - - / - - - - / - - - - / - - - - Expiry Date: - - / - - Total Amount: \$ _____

Card Holders Name: _____ Signature: _____



Horticultural Therapy South Australia