

New member application form 2009

- To apply please complete this form and fax to 02 9241 1920, or mail to GPO Box 904, Sydney NSW 2001, or apply and pay online at www.nsw.ipaa.org.au
- For all enquiries phone 02 9228 5225 or email info@nsw.ipaa.org.au
- Please write details clearly using BLOCK letters and tick appropriate boxes.

Personal information

Title _____ Surname _____
 Given names _____
 Preferred name _____
 Position _____
 Organisation/agency _____
 Office/division _____
 Home address _____
 _____ Postcode _____
 Work address _____
 _____ Postcode _____
 Preferred address for correspondence: Home Work
 Home phone _____ Work phone _____
 Fax _____ Mobile _____
 Email _____

Sector:

- | | |
|---|--|
| <input type="checkbox"/> Local Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Private sector |
| <input type="checkbox"/> Academic/education | <input type="checkbox"/> NGO/community organisation |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> State Government owned corporations |
| <input type="checkbox"/> Retired | |

Reason for joining IPAA NSW:

- Courses Events Publications
 Networking Other. Please specify _____

How did you hear about IPAA NSW?

- | | |
|---|--|
| <input type="checkbox"/> Referred by a member | <input type="checkbox"/> IPAA publications |
| <input type="checkbox"/> IPAA NSW Web site | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> IPAA NSW Event | <input type="checkbox"/> IPAA NSW Course |
| <input type="checkbox"/> Other | |

Name of IPAA member who referred you to the Institute:

Dietary or special needs:

- Vegetarian Food allergy. Please specify _____
 Gluten free Other. Please specify _____

Member profile

Age:

- | | | |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 25–34 | <input type="checkbox"/> 35–44 |
| <input type="checkbox"/> 45–54 | <input type="checkbox"/> 55–64 | <input type="checkbox"/> 65+ |

Gender:

- Male Female

Work status:

- | | | |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Retired | <input type="checkbox"/> Semi retired |
| <input type="checkbox"/> Not currently in paid employment | | |

Average annual income:

- | | | |
|--|---|--|
| <input type="checkbox"/> Up to \$24,999 | <input type="checkbox"/> \$25,000–44,999 | <input type="checkbox"/> \$45,000–64,999 |
| <input type="checkbox"/> \$65,000–84,999 | <input type="checkbox"/> \$85,000–104,999 | <input type="checkbox"/> SES or equivalent |

Region:

- | | |
|--|---|
| <input type="checkbox"/> Sydney metro | <input type="checkbox"/> Greater Western Sydney |
| <input type="checkbox"/> Illawarra | <input type="checkbox"/> North Coast |
| <input type="checkbox"/> South East | <input type="checkbox"/> Central Coast |
| <input type="checkbox"/> Hunter | <input type="checkbox"/> New England/North West |
| <input type="checkbox"/> Riverina-Murray | <input type="checkbox"/> Western NSW |
| <input type="checkbox"/> Other | |

Which groups are you interested in?

- Special Interest Groups:** Capacity building Sustainability
 Young Professionals HR and L&D

- Regional Networks:** Western Sydney North Coast

Are you interested in any of the following topics:

- | | | |
|---|--|-----------------------------|
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Coaching | <input type="checkbox"/> HR |
| <input type="checkbox"/> Ageing Workforce | <input type="checkbox"/> Communications/Media | |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Shared Corporate Services | |
| <input type="checkbox"/> Other. Please give details _____ | | |

Are you a member of any of the following EEO Target Groups:

- Aboriginal or Torres Strait Islander
 Member of a racial, ethnic, or an ethno-religious group which is a minority in Australian society
 A person with a disability

IPAA Chip Incentive Program

Please include the names of three colleagues who might be interested in becoming IPAA members. You will earn an IPAA Chip to the value of \$25.00 for each new member that joins who names you as the IPAA member who referred them. IPAA Chips can be redeemed for discounts on IPAA NSW events, courses and membership.

Name _____ Contact details _____

Name _____ Contact details _____

Name _____ Contact details _____

Payment details

Select membership type

- Full member \$210 Associate member \$105

(Associate membership is determined by annual salary being less than or equal to \$65,578. Category also includes part-time workers, retirees and students.)

Payment

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX |
| <input type="checkbox"/> Diners Club | <input type="checkbox"/> Bankcard | <input type="checkbox"/> Please send invoice |

Card number

Expiry Month Year

Authorised amount \$ _____

Cardholder's name _____

Cardholder's signature _____ Date _____