



QASA Inc.
C/O Hubbard's School
PO. Box 1576
Milton, QLD, 4064

P | +61 (07) 3371 5999
E | qasa@hubbards.qld.edu.au
W | www.qasa.org.au

President and Treasurer
Vice-President and Secretary:

Cathy Pappalardo
Karen Browning

ABN | 47 743 209 855

Membership Application for Associate QASA Membership

Associate membership of QASA is suitable for career advisers or practitioners who are interested in becoming a professional member but do not meet all the QASA professional member standards.

Professional Membership of QASA is subject to the guidelines as outlined in the Career Industry Council of Australia (CICA) website. Please refer to the website for Professional Standards for Career Development Practitioners and a current list of Endorsed Courses. <http://www.cica.org.au/practitioners/>

BEFORE COMPLETING THE APPLICATION FORM

1. Obtain certified copies of all relevant qualifications.
2. Complete all details on this form, attach all certified copies of qualifications and send to:
qasa@hubbards.qld.edu.au or **QASA Inc.**
PO Box 1576,
MILTON, QLD, 4064
3. Once membership has been approved by the QASA Executive, an invoice for the \$195 membership fee will be forwarded to the applicant.



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Associate Membership Application

1 January 2025 – 31 December 2025

1. Name (in full) Title
2. Home Address Post Code
3. Current Position Held at
4. Address Post Code
5. Tel (H) (W) Mobile
6. Email address

All correspondence will be sent via e-mail; ONLY in exceptional circumstances will a postal address be used.

7. I consent to any images of my person to be used in any public QASA documentation and/or Website. Yes / No

Please complete details of academic qualifications as listed on your Award document/s and attach another page if necessary.

8. Academic Qualifications (FULL TITLE PLEASE) **[please attach certified copies of all documents]**

9. Experience in Career Development / Related Activities: < 2 years / 2 - 9 years / 10 – 14 years / > 15 years



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DECLARATION

- I agree to abide by the rules as stated in the QASA Constitution.
- I declare that I will do the required minimum of compulsory professional development each financial year.
 Reminder: evidence of completion is required.
- I agree to being audited on the compulsory professional development.

Signature: **Date:**

<u>PLEASE COMPLETE AND RETURN WITH ALL RELEVANT DOCUMENTS</u>	OFFICE USE ONLY
<p>Payment of the annual fee of \$195.00 is not required until membership has been approved.</p> <p style="text-align: center;">Membership entitles access to members' area of QASA website & Free attendance of all QASA meetings.</p> <p><i>Membership valid from 1 January 2025 – 31 December 2025 subject to payment of annual fee.</i></p>	<p>Approved / Not Approved</p> <p>QASA No: Receipt No: Receipt Date: Payment method: Membership Type: Website Access <input type="checkbox"/></p>