



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

Associate Membership Application

1 January 2024 – 31 December 2024

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]**

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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</p> <p style="text-align: center;">& Free attendance of all QASA meetings.</p> <p><i>Membership valid from 1 January 2024 – 31 December 2024 subject to payment of annual fee.</i></p>	<p>Approved / Not Approved</p> <p>QASA No:</p> <p>Receipt No:</p> <p>Receipt Date:</p> <p>Payment method:</p> <p>Membership Type:</p> <p>Website Access <input type="checkbox"/></p>