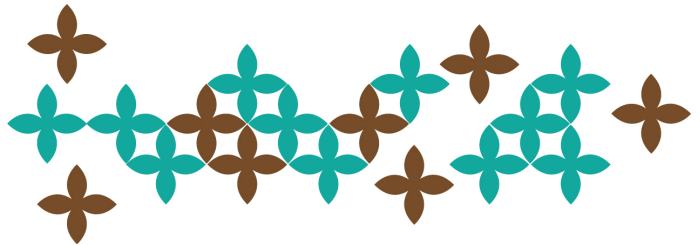




**Australian
Association
for Pacific
Studies**



APPLICATION FOR MEMBERSHIP

ASSOCIATIONS INCORPORATION ACT 1991, ACT (Reg. No. AO4477)

NAME

Title

Family Name

Given Name(s)

**WORKPLACE or
ASSOCIATED INSTITUTION:**

MAILING ADDRESS:

Street Number
and Name

Suburb/City

State/Province

Post Code

Country

EMAIL ADDRESS:

PHONE NUMBERS (Please include country and area codes):

Home

Work

Mobile/Cell

FIELD(S) AND COUNTRIES OF INTEREST RELATED TO THE PACIFIC AND PACIFIC STUDIES:

I APPLY to join the Australian Association for Pacific Studies Inc., AND I AGREE to receive notices from AAPS by email, and to follow the rules of its Constitution.

Date

Signature (typed is sufficient)

WHEN COMPLETED, please email this form as an attachment to Lanieta Tukana (co-secretaries):
lmokosoi@gmail.com

Approved

Date

Secretary

Entered on the List of Members

Date

Public Officer