

Membership Application Form

Please return form with payment to: EAPAA 2/88 Victoria Avenue, Chatswood NSW 2067
OR email to info@eapaa.org.au | Phone **02 9882 2688**

1. Membership Categories

		Fee	Total \$
Clinical Membership - psychologist, social worker or counsellor	<i>Business name will appear on certificate</i>	\$330	
Affiliate Membership - physiotherapist, non clinical or HR personnel	<i>Business name will appear on certificate</i>	\$330	
Small Provider Company Membership (or Provisional) (2 - 5 employees)	<i>Business name will appear on certificate</i>	\$715	
Medium Provider Company Membership (or Provisional) (6 - 14 employees)	<i>Business name will appear on certificate</i>	\$1250	
Large Provider Company Membership (or Provisional) (14+ employees)	<i>Business name will appear on certificate</i>	\$2200	
Partner Membership - corporate/government or partner organisations ie universities, industry bodies	<i>Org/Gov name will appear on certificate</i>	\$550	
Individual Membership - individual working for provider company member	<i>Business name will appear on certificate</i>	\$50	

2. Applicant Details

Membership Category: Clinical Affiliate Small Provider Medium Provider Large Provider Partner Individual

Type of Industry eg Provider, User, Government:

Organisation Name:

ABN number:

Name of Applicant

Mailing Address

City

State

Postcode

Phone

Fax

Email Address for receipt of newsletters (up to 3 addresses)

Email Address 1

Email Address 2

Email Address 3

Registered Psychologist's No:

Registered Social Workers' No:

Registered ACA No:

3. Provider Company Membership

If applying for Provider or Provisional Provider Membership, please provide details of your company's experience in EAP provision and names and contact details of 2 referees. ***If multiple locations please provide printed list with full contact details & email addresses.***

Details of Company's Experience:

REFEREES As a Provider Company Member you may include contact name, company, phone and email address of 2 organisations you provide EA programs for.

1. Contact Name

Company Name

Company Phone No.

Company Email

2. Contact Name

Company Name

Company Phone No.

Company Email

BUSINESS DESCRIPTION

As a Provider Company Member you may add a brief description of your business which will be posted on the EAPAA site. Please include address and contact details, and if your company is a national provider please include state addresses.

Website

Signed

Date

4. Payment Methods

A. CHEQUE made payable to EAPAA - mail to 2/88 Victoria Avenue, Chatswood NSW 2067

or **B. ELECTRONIC FUNDS TRANSFER** Bank: WESTPAC Account Name: EAPAA BSB: 032 197 Account Number: 186 043

or **C. CREDIT CARD** - Return scanned membership application form to info@eapaa.org.au

MASTERCARD VISA **EXPIRY DATE:** ___ / ___ Without EXPIRY DATE, transaction cannot be validated

CARD No.

Name on card:

Authorising Signature: