

# Membership Application Form

Please return form with payment to: EAPAA, C/- Margaret Reid Pty Ltd,  
2 / 303 Penshurst Street, Willoughby NSW 2068 or Fax to 612 9882 2648

## 1. Membership Categories

|  | Fee    | Total \$ |
|--|--------|----------|
| <b>Individual Member - provider, provisional provider, psychologist, social worker or non-professional member</b><br><i>Your name will appear on certificate rather than business name</i> | \$330  |          |
| <b>Corporate/Government Membership</b> <i>Business name will appear on certificate</i>   | \$550  |          |
| <b>Small Provider (or Provisional) (2 - 5 employees)</b> <i>Business name will appear on certificate</i>   | \$715  |          |
| <b>Medium Provider (or Provisional) (6 - 14 employees)</b> <i>Business name will appear on certificate</i>   | \$1250 |          |
| <b>Large Provider (or Provisional) (over 14 employees)</b> <i>Business name will appear on certificate</i>   | \$2200 |          |
| <b>International Subscriber Member</b> <i>Any individual domiciled outside Australia and who has an interest in EAPs and this association</i>  | \$220  |          |
| <b>Student Member / Concession</b>   | \$220  |          |

## 2. Applicant Details

Membership Category:  Individual  Corporate/Government  Small Provider  Medium Provider  Large Provider  Student/Concession

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 Number

Registered Social Workers' Number:

## 3. Provider 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** Please supply the contact name, company, telephone number and email address of two organisations that you provide EA programs to.

1. Contact Name

Company Name

Company Phone No.

Company Email

2. Contact Name

Company Name

Company Phone No.

Company Email

You may include a brief description of your business for posting on the EAPAA site. Include your business web address for hyperlinking from EAPAA's site.

Website

Signed

Date

## 4. Payment Methods

**A. CHEQUE** made payable to EAPAA - mail to Margaret Reid Pty Ltd, 2/303 Penshurst Street, Willoughby 2068

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

or **C. CREDIT CARD** - Fax application form to Margaret Reid Pty Ltd 61 2 9882 2648

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

CARD No.

Name on card:

Authorising Signature: