



FOR OFFICE USE ONLY:

QB Entry	DATE	DONE	Database Entry	DATE	DONE
----------	------	------	----------------	------	------

Join online at www.americanaustralian.org

Email - information@aaanyc.org

NEW MEMBER FORM

Personal Details:

Salutation:

Mr Mrs Ms Miss Dr Sir Amb Prof Rev

Please circle applicable option:

First Name:

Middle Initial:

Last Name:

Sex:

Male Female

Nationality:

Australian American British New Zealander

Other: _____ If Australian, State/Territory of Origin _____

If applicable, Aust. & US. University attended _____

Age Range:

30 & Under 31-40 41-50 51-64 65 and over

Membership Details:

Date of Application:

Single:

Family:

Student:

Senior: (65+)

If Family Membership: Name of Second Member

First Name:

Middle Initial:

Last Name:

Nationality:

Age Range:

If Student Membership: Please submit copy of full time student card with application

Educational Institution

Address and Contact Details:

If Applicable:

Company Name:

Address Line 1:

Address Line 2:

Suite:

City, State:

Country:

Zip Code:

Home Address:

Apartment/Suite:

City, State:

Zip Code:

Work Phone/Fax:

Home Phone/Fax:

E-mail 1

E-mail 2

or email for other family member

Professional Details:

Title:

If family membership, occupation of 2nd member:

Category of Occupation:

Business	Journalism	Retail	Tourism & Hospitality	Education
Law	Medicine	Technology	Transport	Creative Industries
Finance	Government	Science	Public Interest	Other _____

Would you like to receive information on the following Association programs?

- AWNY (Australian Women in New York)
- Endeavour Group
- Social Program
- Cultural Program
- J-1 Visa Program
- Education Program

Regional affiliation

California New England

Payment Details:

Membership Fees: Single **\$80** Family **\$120** Student **\$40** Senior (65+) **\$40**

Applicable Fee:

Method of Payment: Credit Card: Check: Cash:

Please make checks payable and remit to: American Australian Association
50 Broadway, Suite 2003
New York, NY 10004

For payment by Credit Card:

VISA: MasterCard: AMEX: Discover: Diners:

CARD NUMBER: EXPIRY DATE:

NAME ON CARD:

SIGNATURE:

As a 501 c3 not for profit organization, contributions are fully tax deductible to the extent allowed by law; Individual Membership fees are tax deductible less the first \$50.