

Australasian Systematic Botany Society Incorporated

APPLICATION AND PAYMENT FOR NEW MEMBERSHIP

I, (T	itle) (First name) (Initials) (Surname	e /Last name)
of	(Postal address)	
Ema	ail: (Institution).	
	by apply to become a member of the above-named incorporated association be event of my admission as a member, I agree to be bound by the rules of the	
(Sig	nature of applicant)	/ date)/ 20
l, a m	(Full name)ember of the Society, nominate the applicant for membership of the Society	
(Sig	nature of proposer)	/ 20/ 20
I,	(Full name)	
a m	ember of the Society, second the nomination of the applicant, for membersh	ip of the Society.
(Sig	nature of seconder)	/ date)/ 20
<u>Sub</u>	scription rates, which includes electronic receipt of the Australasian System	natic Botany Society Newsletter, are:
	Ordinary/Institutional members (Full fee) Full-time student / Retired / Unemployed members (Concessional fee)	AU \$ 45.00 Please indicate AU \$ 25.00
<u>Har</u>	sjörg Eichler Research Fund: In addition, your tax-deductible contribution	to this fund would be most welcome.
	Subscription	\$.00
	Voluntary donation to Eichler Research Fund	<u>\$.00</u>
	TOTAL	\$.00
	have included a donation to Hansjörg Eichler Research Fund do you give pe? We do not publish the amount donated. Please circle or highlight [Yes] or	
Paym	ent by cheque, credit card or bank transfer.	
1. C	neques should be made payable to Australasian Systematic Botany Society	Inc.
2. C	redit Card Payments: Visa / MasterCard (please circle) Credit Card No.:	/Expiry Date:/
	Signature of card holder:	
	ank Transfer: Commonwealth Bank of Australia BSB: 063-243 Accourt aportant: Please include your full name in the payment reference.	nt Number: 00901958 Swift Code: CTBAAU2S

Please send to: John Clarkson

Queensland Parks and Wildlife Service

PO Box 975 Atherton QLD 4883

Or email scanned copy to: treasurer.asbs@gmail.com