



ASLIA

Australian Sign Language Interpreters Association

New South Wales

Application for Membership

1 July 2008 to 30 June 2009

Australian Sign Language Interpreters Association (New South Wales) Incorporated
(incorporated under the *Associations Incorporation Act 1984*).

I, _____ of _____
(Full name of applicant) (Residential address)

_____, hereby apply to become a member of ASLIA (NSW) Inc. In the event of my admission as a member, I agree to be bound by the ASLIA Code of Ethics and the ASLIA (NSW) Inc Association Rules for the duration of my membership.

Signed: Date:.....

New members must be nominated by two existing ASLIA (NSW) members:

1. I, a member of ASLIA (NSW),
(full name of proposer)
nominate the applicant, who is personally known to me, for membership of ASLIA (NSW).

Signature of proposer:..... Date:

2. I, a member of ASLIA (NSW),
(full name of seconder)
second the nomination of the applicant, who is personally known to me, for membership of ASLIA (NSW).

Signature of seconder Date:.....

Your Contact Details

The contact details you provide below will remain confidential to ASLIA (NSW) and will only be used to assist us in providing you with information.

Name:	<input type="checkbox"/>
Postal Address: (including Post Code)	<input type="checkbox"/>
Phone – Home:	<input type="checkbox"/>
Phone – Work:	<input type="checkbox"/>
Fax:	<input type="checkbox"/>
Mobile:	<input type="checkbox"/>
Email:	<input type="checkbox"/>
NAATI Level:	<input type="checkbox"/>
Year of Accreditation:	<input type="checkbox"/>

Membership Fees for 2008-2009

<input type="checkbox"/>	Ordinary Member Accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) in Auslan/English at Para-Professional level or higher	\$60.00
<input type="checkbox"/>	Deaf Relay Member Completed a Deaf Relay interpreter training program recognised by ASLIA (NSW) or certified by the ASLIA/NABS Deaf Relay Interpreter Certification project.	\$50.00
<input type="checkbox"/>	Associate Individual Member Not NAATI accredited but supports and has an interest in Auslan interpreting.	\$40.00
<input type="checkbox"/>	Ordinary State Corporate Member Any organisation in NSW which provides Auslan interpreting services.	\$125.00
<input type="checkbox"/>	Associate State Corporate Member Any organisation in NSW which supports and has an interest in Auslan interpreting.	\$100.00

Please Note:

1. The decision of the ASLIA (NSW) Committee as to the eligibility of any applicant for membership shall be final.
2. Please inform ASLIA (NSW) if your contact details, especially your email address, change.
3. Please attach a passport-sized photograph with your name printed on the back.
4. Payment can be made by bank transfer to:
 - Account name: ASLIA NSW
 - BSB: 062 441
 - Account number: 1001 3698
 - Please include your name as the reference
 OR cheques or money orders should be made payable to ASLIA (NSW) and sent to:

Correspondence Secretary
ASLIA (NSW) Inc.
PO Box 1060
Parramatta NSW 2124