



## APPLICATION FOR MEMBERSHIP

I, (Title) \_\_\_\_\_ (Surname) \_\_\_\_\_  
(Given Names) \_\_\_\_\_

hereby apply for membership of the Hydrological Society of South Australia Incorporated and agree to abide by the Constitution of the Society. If admitted to membership, I understand I need to keep the Society's Membership Officer informed of any changes to my contact and address details and provide notice of my resignation, if I wish to resign from my membership of the Society in the future.

Membership Category <i>(select one)</i>	Annual Subscription <i>(GST is not applicable)</i>	Eligibility
<input type="checkbox"/> Member	\$15	Individuals with an interest in the hydrological sciences
<input type="checkbox"/> Associate Member	\$5	Individuals who reside at the same address as a member
<input type="checkbox"/> Student Member*	No annual subscription	Full time students only (* please fill in details below)

Course: \_\_\_\_\_

Institution: \_\_\_\_\_ Expected Completion Year: \_\_\_\_\_

*Note that Student Membership automatically converts to full membership on completion of course*

### Payment of the initial annual subscription has been made as follows *(select one)*

- Cash (enclosed)
- Cheque / Money Order (enclosed) - made payable to the "Hydrological Society of SA Inc."
- Electronic Funds Transfer (via Internet Banking) to -  
Account Name: Hydrological Society of SA Inc. / BSB: 015140 / Account Number: 402910728

### Contact details and address for correspondence **(Business or Institutional address preferred)**

Business or Institution Name: \_\_\_\_\_

Street Name & No/PO Box No: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ DX (if used): \_\_\_\_\_

Telephone Business: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

### Forward **ORIGINAL** application form and cash or cheque / money order payments to:

The Membership Officer  
Hydrological Society of South Australia Inc.  
PO Box 6136  
Halifax Street  
ADELAIDE SA 5000

**OR DX  
address**

*Personal and Confidential*  
Mr W R Lipp  
Planning & Design Section (Stormwater Group))  
Department of Planning, Transport & Infrastructure  
DX 171

**Office Use Only:**  
Funds Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_