

Centre for Socio-Analysis

ABN 49 109 435 403

Bion Reading Group and Dreaming Matrix

27 January – 7 April, 2010

Application for Membership

Name: **Dr/Mr/Ms/etc**

Address for Correspondence:

.....

.....**Postcode**

Contact Telephone: (w).....

Mobile:.....

Email:.....

Work Role and Organisation (if any)

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Training, Reading and Experience that may be relevant to this

Program:.....

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Expectations of Program:

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I have read this brochure and hereby apply for membership. I understand that this constitutes a contract between the Centre for Socio-Analysis and me and that my application authorises the Centre for Socio-Analysis to conduct this Program in the manner described in the brochure. I agree to the cancellation policy.

Signature:.....**Date:**.....
.....

Payment

Payment may be made:

- Through transfer to the Centre for Socio-Analysis Bank Account: **Bendigo Bank: BSB 633000. Account Number: 122883523.**
- Through a cheque payable to the **Centre for Socio-Analysis**

Application Form

Please return this application form together with a cheque, or notification of transfer to:

**Centre for Socio-Analysis
Bion Reading Group
BOX 1296
Carlton
Victoria 3053**