

Centre for Socio-Analysis

ABN 49 109 435 403

“Exploring the Integration of a Socio-Analytic Role in One’s Practice”

Professional Development Program

3 August, 2009 – 1 February, 2010

Application for Membership

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

Address for Correspondence:

.....

..... **Postcode**

Contact Telephone: (w)..... **Mobile:**.....

Email:.....

Role and Organisation (if any)

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Consultancy / Management / Professional Experience:

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Training you have undertaken that is relevant for this Course:

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.....*PTO*.....

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 of fee - \$1782 or \$1386 - to the Centre for Socio-Analysis Bank
Account: : **Bendigo Bank: BSB 633000. Account Number: 122883523**
- or 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
BOX 1296
Carlton
Victoria 3053**

or email to: alastair.bain@acsa.net.au