

Centre for Socio-Analysis

Taking up the Consultant Role in Organisational Dreaming

Training Program

29 October, 2009 – 24 June, 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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Experience of working with dreams:

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Expectations of Program.....

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.....PTO.....

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.

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

Payment

Payment may be made:

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

Application Form

Please return this application form together with a cheque, for **\$2640** or notification of transfer to:

Centre for Socio-Analysis
PO BOX 1296
Carlton
Victoria 3053

ABN 49 109 435 403