THE AUSTRALIAN VOICE ASSOCIATION
MEMBERSHIP 2010

AUSTRALIAN VOICE ASSOCIATION
Inaugurated in 1991
GENERAL SECRETARIAT
2nd Floor, 11 – 19 Bank Place, Melbourne VIC 3000 Phone: 03 9642 4899 Fax: 03 9642 4922

The objectives of the AVA are to promote the field of voice in Australia; to encourage links between artistic, clinical and scientific disciplines related to voice; to promote education and training in the clinical care of voice, as well as vocal performance and voice science; to promote research into voice. Membership is open to individuals with an artistic, clinical or scientific interest in voice. Membership entitles you to copies of the regular newsletter Voiceprint, the opportunity to access the refereed journal Australian Voice via the AVA Website as well as concessional attendance at all events.

2010 Membership Application Form I January 2010 – 31 December 2010

MEMBERSHIP RATES FOR 2010

☐	**Full Membership** for 2010	**$120.00**
☐	**Student Membership** for 2010 (full-time undergraduate or postgraduate students, in any voice related field; proof of full time enrolment must be enclosed)	**$50.00**
☐	**Institution Membership** for 2010 (two delegates may attend AVA events at the members' concessional rate)	**$200.00**

Name: _____

Postal Address: _____

Phone / Mobile: _____ Fax: _____

Email: _____

I **will/will not** allow my contact details to be circulated by email among the other members of the AVA

Profession* _____

If Voice Teacher or Lecturer in Voice, please specify whether singing or speaking voice, or speech pathology

Workplace Details

Workplace: _____

Postal Address: _____

Phone / Mobile: _____ Fax: _____

Email: _____

Student Details (If you are a full-time student, please indicate the institution and course of enrolment)

_____

_____

To be eligible for Student Membership Rate you must enclose a copy of your student card with photograph, that indicates full time enrolment

Payment can be made by cheque or by credit card:

I enclose my cheque/money order ☐ Visa ☐ Mastercard ☐ for $ _____

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: _____/_____

Name on card: _____ Signature: _____

Please forward this form with payment to: Australian Voice Association
General Secretariat, 2nd Floor, 11–19 Bank Place, Melbourne VIC 3000