



Group Relations Australia Inc
PO Box 2005
Brunswick East VIC, 3057

APPLICATION TO BECOME AN ASSOCIATE OF GROUP RELATIONS AUSTRALIA

Applicant

I,
(insert name)

apply to become an **Associate of Group Relations Australia Inc.**

I express my commitment to the purpose and aims of the Association, and in the event of my admission as a Member, I agree to be bound by the rules of Group Relations Australia Inc. for the time being in force. I have attached information addressing the criteria for eligibility for Member status.

Signature of Applicant:

Date:

Applicant's Details

(Please complete the following form.)

Dr/Ms/Mr (please circle appropriate title)

First name: Family name:

Occupation:

Work Organisation:

Position/Role:

Postal address for all correspondence:

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City State Postcode Country

Business street address:

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Home address:

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Phone (BH): Mobile:

Phone (AH):

email:

Applicant Information

How/Where did you hear about Group Relations Australia?

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Why do you wish to become an associate of Group Relations Australia?

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Short Professional Biography (300 word limit)

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Note: If application is approved, this information will be provided to other members

Please return your completed form to the Secretary, Group Relations Australia

- by email to secretary@grouprelations.org.au
- by mail to
Group Relations Australia, PO Box 2005, Brunswick East, 3057 VIC