



# AUSTRALASIAN COLLEGE OF ROAD SAFETY

Fostering Communication, Networking, Professionalism and Advocacy in Road Safety

ABN 12 841 412 581

## 2017 Personal Membership Renewal/Application Form Tax Invoice

### Membership Details:

Title: ..... Name: .....

Position: .....

Organisation: .....

Address: .....

..... State: ..... Postcode: .....

Work Phone: ..... Mob: ..... Fax: .....

Email: .....

Student ID No. (if applicable).....

### Please indicate your principal areas of interest/expertise in road safety:

Education    Enforcement    Driver Training    Research    Engineering    Evaluation

Health/Medicine    Other ..... How did you hear about us? .....

Type of Membership	AUD incl gst
Personal Member	\$155
Student or Retired Member	\$115
Community Organisation	\$115
*ACRS Fellow	\$215
*ACRS Associate Fellow	\$215

\*ACRS Fellowships are bestowed awards. Please see [College Fellowships](#) for criteria.

**I am interested in the Register of Road Safety Professionals      YES / NO**

Please see <http://acrs.org.au/professional-register> for further information.

### Payment methods:

Mastercard	Visa	Cheque	Electronic transfer	Online
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### Credit card:

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

### Electronic Transfer:      PLEASE NOTE – CHANGE OF BANK

Name: **Australasian College of Road Safety Inc.**    BSB: **633-000**    Account: **1574-97900**

Bank: **Bendigo Bank**, 1/1-20 Curtin Place, Curtin ACT    SWIFT: **BENDAU3B**

**Online:** Go to [www.acrs.org.au/membership](http://www.acrs.org.au/membership) and complete the online application, payment through PayPal

Please return this form to: ACRS, PO Box 198, MAWSON ACT 2607 Australia

Phone: +61 2 6290 2509    Fax: +61 2 6290 0914    Email: [faa@acrs.org.au](mailto:faa@acrs.org.au)    Website: [www.acrs.org.au](http://www.acrs.org.au)