

**THE IRISH STUDIES ASSOCIATION
OF AUSTRALIA AND NEW ZEALAND (ISAANZ)**

ABN: 85 733 647 765

MEMBERSHIP FORM

SURNAME:

TITLE: **GIVEN NAME/S:**

AFFILIATION/OCCUPATION:

POSTAL ADDRESS:

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PHONE: **MOBILE:** **EMAIL**

SCHEDULE OF MEMBERSHIP FEES:

New Member **Renewing Member** Membership number (if known): _____

Subscriptions are for one year and apply from 1 July each year.

FULL ANNUAL MEMBERSHIP: AUD\$50.00

CONCESSION (Student/unwaged): AUD\$45.00

I agree to abide by the Rules of the Association (available at www.isaanz.org) Yes

SIGNATURE: **DATE:**

PAYMENT OPTIONS:

1 Cheque enclosed (made payable to ISAANZ)

Completed forms and payment should be sent to the address below.

2 Direct Debit

Bank Details: Bank name: ANZ Bank BSB: 013 006 A/C No. 4952 10383

Please ensure your surname is recorded in the remitter's details and email or post this form to the address below.

3 PayPal payment facility

Refer to website: www.isaanz.org

Mail: ISAANZ, PO Box 4462, University of Melbourne, PARKVILLE VIC 3052, AUSTRALIA

Email: isaanzlr@gmail.com

Web: www.isaanz.org