Statistical Society of Australia Inc Application for Membership—NSW Branch



ABN: 82853491081

Contact Information	
Title: First name:	Last Name:
Address for correspondence:	
State: Pos	ostcode:
Phone: ()	Fax: ()
Email address: Monthly meeting notices will be sent to the nominate	led email address.
Type of Membership:	Student (please attach details of enrolment)
Employment affiliation : ☐ Private ☐	Government Academic Retired Unemployed
application is correct. If elected to member	tistical Society of Australia Inc. I declare that the information provided on this pership, I agree to abide by the rules of the Statistical Society of Australia Inc. I for the above details to be published in a directory of the members of the
Signed:	Date:
Special Interest Sections Please circle the number corresponding to those sec	ections you would like to join and receive information about.
Surveys and Management	
4. Statistics in the Biological Sciences	 Statistical Education Industrial Statistics
7. Young Statisticians	8. Bayesian Statistics
Payment Details—Tax Invoice (on	iatian\
'ayment betans—rax invoice (on	i completion)
Please make cheques payable to 'Statistical Society of Card type: $\ \square$ Mastercard $\ \square$ \	of Australia Inc.' If you wish to make payment by credit please provide card details below. VISA Bankcard
Card number:	Expiry date:/ Amount*: \$
Cardholder name:	Signature:
*Membership subscriptions—2004 Full membership: \$110 Student & retired membership: \$55.	Please forward this form with payment to Mr Jos Beunen Australian Bureau of Statistics GPO Box 796

SYDNEY NSW 1041

All fees include GST.