



Australian Coral Reef Society Inc.

A society promoting scientific study of Australian Coral Reefs

Address: ACRS Memberships
c/- Centre for Marine Studies
The University of Queensland
St Lucia QLD 4072

Tel: (07) 3365 3307
Fax: (07) 3365 4755
Email: acrs@cms.uq.edu.au

APPLICATION FOR MEMBERSHIP

I,.....(Title, first name and surname)

hereby apply for membership of the Australian Coral Reef Society Inc.

Mailing address:.....

.....Postcode:.....

Email:.....Phone:.....

Research/professional/other interests in coral reefs:.....

.....

Institution/Organisation and Branch/Department (if any):.....

.....

Signature of Applicant:.....Date:.....

For New Members Only

*Proposed by:..... *Seconded by:.....

Signature:.....

* both being members of ACRS Inc. who, to the best of their knowledge, verify that the applicant is eligible for membership under the ACRS Constitution. In the case of those applying for student membership, this would include their full-time status. NB: Applications are considered by the ACRS Council (minimum of three meetings/annum) and applicants are notified of its decision in writing.

I would like to pay \$..... to The Australian Coral Reef Society Inc for the following membership fees (please tick as appropriate): Full (\$50.00) Student (Full-time) (\$30.00)

Note: There is a \$10.⁰⁰ discount on the above prices for applications received between 1st January and 28th February each year. Memberships are valid until the end of the calendar year.

5 year full membership: Full (\$200) – save \$50 using this option. Early bird discount for renewal before February does not apply.

I would like to receive the annual newsletter in PDF format Hard copy

Payment Options

Internet payment: Preferred Option

Account name: Australian Coral Reef Society Inc. BSB: 034-212. Account number: 16-1127.

Please enclose transaction receipt with application and send to treasurer for processing

Cheque or money order option: Please enclose a cheque/money order with application and send to treasurer for processing

Credit card authority: Please charge \$..... to the following card: MasterCard Visa

Card Number: _____ Valid to: ___/___/___

Name on the card:.....

Signature:.....

President: Prof Justin Marshall; T: (07) 3365 1397; F: (07) 3365 4522; E: justin.marshall@uq.edu.au

Hon Secretary: Dr Ulrike Siebeck; T: (07) 3365 4070; F: (07) 3365 4522; E: u.siebeck@uq.edu.au

Hon Treasurer: Dr Anna Scott; T: 0421 181 484; F: (02) 6651 6580; E: ascott@nmsc.edu.au