



Individual Membership Application/Renewal Form

Post: Dr D. Narayana Reddy
Dega Institute, A-2, Ravi Towers 53/22, Hindi Prachar Sabha Street, T. Nagar; Chennai – 600
017 India

Email: deganr@gmail.com

Personal Details

Title: _____
First Name: _____
Last Name: _____

Primary Address (Work)

Address _____
City/Suburb _____ Postcode/Zip Code: _____
State: _____ Country: _____
Email: _____
Telephone: _____ Fax: _____

Secondary Address (Home/Other [Optional])

Address _____
City/Suburb _____ Postcode/Zip Code: _____
State: _____ Country: _____
Email: _____
Telephone: _____ Fax: _____

I enclose payment/evidence of payment for Individual Membership Fee:

USD 100.00

2 years membership

2 year memberships preferred

USD 50.00

1 year membership

Individual members are entitled to all the rights and duties of the Federation as detailed in the Federation's Constitution except the right to vote in the General Assembly. The right to vote in all other AOFS meetings is not affected.

Signature

Date

Payment methods:

1. By Bank Transfer

BANK: *Westpac Bank* **ACCOUNT NAME:** *Asia Oceania Federation of Sexology*

BSB NUMBER: *032-051* **ACCOUNT NUMBER:** *813905*

This is a transfer to an Australian Account where AOFS is incorporated.

2. By Money Order or Bank Draft – Please forward your payment to AOFS Treasurer, Dr Christopher Fox, PO Box 6004, COLLINGWOOD NORTH, Victoria, 3066