



Australasian Society for Psychophysiology Inc.

Application for registration of membership (1st January - 31st December 2009)

NAME:.....

HOME ADDRESS:.....

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.....Telephone ().....

WORK ADDRESS:.....

.....

Telephone ()..... FAX ().....

EMAIL

QUALIFICATIONS.....

TYPE OF MEMBERSHIP (Please tick appropriate box) FULL () STUDENT ()

RESEARCH INTERESTS.....

.....

TYPES OF MEASURES.....

TYPES OF SUBJECTS

I wish to be registered as a Full Member (A\$50)/Student Member (A\$25) of the Australasian Society for Psychophysiology Inc.

I enclose my cheque for \$..... (Payable to Australasian Society for Psychophysiology Inc.).

RENEWAL OF MEMBERSHIP

NAME:.....

WORK ADDRESS:.....

.....

Telephone ()..... FAX ().....

EMAIL

TYPE OF MEMBERSHIP (Please tick appropriate box) FULL () STUDENT ()

I wish to renew my registration as a Full Member (A\$20)/Student Member (A\$10) of the Australasian Society for Psychophysiology Inc.

I enclose my cheque for \$..... (Payable to Australasian Society for Psychophysiology Inc.).

Please mail your application to

**Chris Brown, Secretary Australasian Society for Psychophysiology Inc.
School of Psychology, University of Wollongong, Wollongong NSW 2522
Email: crb04@uow.edu.au**