

Associate Application Form

If you are unsure of your eligibility for membership of ESSA, please contact the ESSA national office on: (07) 3856 5622 or E-mail: info@essa.org.au

To apply for Associate membership of ESSA applicants must complete;	Application Page Reference	Tick when completed
1. Complete the application form (Section A-E). Membership is for: a) Those who cannot be an exercise science member but hold a degree in a field related to exercise and sports science and has made a contribution to the field of exercise and sports science in Australia and that is approved by the Board; or b) who does not live in Australia and is a financial member of an Exercise and Sports Science Association approved by the Board	page 2-3	
2. Complete personal details (Section A).	page 2	
3. Complete qualifications (Section B).	page 2	
4. List a professional referee (Section C).	page 2	
5. Complete declaration	page 3	
6. Provide academic transcript a) Copies must be signed and authenticated by a Justice of the Peace, notary. ** Attach this to your application	Attach	
7. Include membership payment of \$130.00 (GST incl.) (Section E) Please enclose a cheque/money order for your membership fee or complete the Credit Card Payment Slip. Cheques should be made payable to Exercise & Sports Science Australia	page 3	
8. Send application form to: Exercise & Sports Science Australia (ESSA) The Assessment Team PO Box 123 Red Hill QLD 4059 ** Fax applications will not be accepted		

Please note :

**** Applications will not be assessed until a COMPLETE application has been received by the office; and**

**** Please allow 10-15 working days (from the date of your application being received) for your application to be assessed and processed.**

Associate Application Form

Section A - Personal Details

Title Given names Surname
Date of Birth email address*

**Required field: Your email address will be your username for your ESSA account.*

Postal Address

Address
Town/suburb State Postcode
Phone Fax

Work Address

Address
Town/suburb State Postcode
Phone Fax
Mobile

Current position

Why are you applying for membership with ESSA? (NB. This feedback helps us help you).

Section B - Qualifications Achieved

Qualifications achieved

List only degrees awarded from tertiary institutions, not degrees incomplete or in progress or non-tertiary qualifications.

Degree	Institution	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Incomplete tertiary study

Degree	Institution	Year Commenced
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C - Professional Referee

Title Given names Surname
Address Town/ Suburb State Postcode
Phone email

Section D - Declaration

Declarations

a) I certify that the information supplied on and with this form is true and correct.

Applicant signature

Date

b) If accepted as an associate member of the Association I agree to abide by the ESSA Code of Ethics.

Applicant signature

Date

Section E - Payment Details

Card Type (Please select) VISA Mastercard

Cardholders Name Expiry of Card

Card Number

I authorise Exercise & Sports Science Australia to debit my credit card for the amount of **\$130.00**. Yes No

Signature Date

Please note – membership is based upon a calendar year, if you join part way through a year you will be required to pay the full amount for the membership and upon renewal in the subsequent year you will be charged a pro-rata amount equivalent to your date of joining.

Office Use Only

Date received _____

Assessor _____

Outcome _____

Date approved _____

Postal Address

Exercise & Sports Science Australia

The Assessment Team

P.O. Box 123, Red Hill QLD 4059

Ph 07 3856 5622 Fax 07 3856 5688

