

Australian Society of Operations Research

ASOR Melbourne Chapter Membership Application — 2014 Calendar Year



Type of membership applied for:

Regular Member (\$45) Retired Member (\$25) Student (\$0)

Personal Information

Title _____ Given Name _____ Family Name _____

Other Name(s) _____

Unit/Department _____

Organisation/Institution _____

Mailing Address _____

Telephone(s) _____ email _____

Add me to the ASOR Melbourne email list, melbourne-list@asor.org.au
(this we strongly encourage, as it is important for communication with and between members)

Details of Relevant Experience (optional)

Dates	Employer & Position	Relevant Experience

Details of Qualifications (optional)

Year	Institution	Qualifications Obtained

I declare that the information given above is true and correct in all particulars.

On admission as a member of ASOR, I undertake to be bound by the ASOR Constitution and By-Laws.

Signature _____ Date _____

Payment

i) Enclosed a cheque for \$ _____ (payable to ASOR Melbourne Chapter)

ii) Please charge my credit card: Mastercard Visa

Card Number: _____ Expiry: _____

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Please send this completed form, with cheques if any, to either:

Secretary, ASOR Inc. (Melbourne Chapter),
P.O. Box 1048, GPO Melbourne 3001

Paul Lochert, Treasurer, ASOR Melbourne:
email: plochert@bigpond.net.au