THE AUSTRALIAN SOCIETY FOR OPERATIONS RESEARCH INCORPORATED

MEMBERSHIP APPLICATION FORM

GRADE OF MEMBERSHIP APPLIED FOR: FELLOW   MEMBER   ASSOCIATE   STUDENT

TITLE   SURNAME   GIVEN NAMES

EMPLOYER: _____   PHONE NO: _____

EMAIL: _____

POSITION HELD: _____

HOME ADDRESS: _____

SUBURB/TOWN: _____   POSTCODE: _____

EMAIL: _____   PHONE NO: _____

MAILING ADDRESS: _____

SUBURB/TOWN: _____   POSTCODE: _____

Are you applying for membership for the first time?   YES   NO

If your answer was NO, give details and current status of previous application and/or membership, and name of Chapter.

_____

_____

_____

Details of Qualifications

DATES		ACADEMIC INSTITUTION	DETAILS OF COURSE (GIVE MAJOR SUBJECTS)	QUALIFICATION OBTAINED
FROM	TO			

Details of Experience (Most recent position first)

DATES	EMPLOYER	DETAILS OF POSITION RESPONSIBILITY AND EXPERIENCE

Applicants should pay particular attention to detailing their experience in Operations Research. Continue on a separate sheet if necessary.

I declare that the information given above is true and correct in all particulars. I enclose $ _____ being my first Annual subscription. If admitted to the Society, I undertake to be bound by the Constitution, and the By Laws of the Society and of the Branch and Chapter to which I have applied (as amended from time to time).

Date: _____   Signature _____

Nomination

I, _____ being a
      (Surname)   (Given Names)

financial *FELLOW/MEMBER of the _____ Chapter of the Australian Society of Operations Research Incorporated nominate:

_____
      (Surname)   (Given Names)

for election as a *FELLOW/MEMBER/ASSOCIATE/STUDENT of A.S.O.R. Inc. I declare that the items which I have initialled are correct to the best of my knowledge.

Date _____   Signature: _____

*Delete as appropriate.

Return the form to:

Dr Lou Giannini
ASOR WA Chapter
c/- Dept of Mathematics & Statistics
GPO Box U1987, Perth WA 6845