



The Mathematical Association of Western Australia (Inc)
Membership Form 2019/2020

Phone: 08 9345 0388 Fax: 08 9345 0488

ABN: 83 179 618 286

Membership Details

PLEASE PRINT AND COMPLETE ALL FIELDS

Application Type	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Update		
Membership Number	If known	Level	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both
Institution			
Contact title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof	Number of staff teaching mathematics	
Contact first name	Contact last name		
Work	<input type="checkbox"/> Government school system <input type="checkbox"/> Catholic school system <input type="checkbox"/> Independent school system	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> University	<input type="checkbox"/> State Training provider (TAFE) / other <input type="checkbox"/> Student <input type="checkbox"/> Consultant, tutor or self-employed
Contact Role	<input type="checkbox"/> Mathematics teacher <input type="checkbox"/> Mathematics leader <input type="checkbox"/> Principal <input type="checkbox"/> Deputy/ Assistant principal <input type="checkbox"/> Head of school <input type="checkbox"/> Director of studies <input type="checkbox"/> Curriculum coordinator <input type="checkbox"/> Other: _____	Contact Qualification	<input type="checkbox"/> Primary teacher <input type="checkbox"/> Primary teacher (tertiary mathematics) <input type="checkbox"/> Secondary teacher (tertiary mathematics) <input type="checkbox"/> Secondary teacher (little / no mathematics) <input type="checkbox"/> Other: _____
		Contact years in position	<input type="checkbox"/> 1 or less <input type="checkbox"/> 2 - 5 <input type="checkbox"/> 6 - 15 <input type="checkbox"/> 16+ <input type="checkbox"/> N/a
Contact date of birth	DD/MM/YY	Contact Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student ID	If applicable		
Address			
Suburb	Postcode	Email	
Phone	Mobile	Fax	

Membership Selections

All prices INCLUDE GST

<input type="checkbox"/>	A	Institutional - Primary	<input type="checkbox"/> 0 - 300 Students <input type="checkbox"/> 301 - 600 Students <input type="checkbox"/> 601+ Students	\$200 \$250 \$300
<input type="checkbox"/>	B	Institutional - Secondary	<input type="checkbox"/> 0 - 300 Students <input type="checkbox"/> 301 - 600 Students <input type="checkbox"/> 601+ Students	\$300 \$350 \$425
<input type="checkbox"/>	C	Institutional - (K - 12)	<input type="checkbox"/> 0 - 300 Students <input type="checkbox"/> 301 - 600 Students <input type="checkbox"/> 601+ Students	\$350 \$525 \$625
			<input type="checkbox"/> AAMT: Australian Primary Mathematics Classroom Journal (Primary Focus) <input type="checkbox"/> AMEJ: The Australian Mathematics Education journal (Primary and Secondary Focus)	Please select one journal here to be included with the above types of membership. Additional Journals to be selected below
<input type="checkbox"/>	D	Individual	(Any person interested in mathematics or mathematics education)	\$95
<input type="checkbox"/>	E	Individual - Student	(Any person who is a pre-service primary teacher or pre-service teacher of secondary mathematics)	FREE
<input type="checkbox"/>	F	Concessional Individual Teacher	(For graduate teachers for the first 3 years of service)	\$65
<input type="checkbox"/>	G	Concessional Retired Teacher	(For retired teachers)	\$65
<input type="checkbox"/>	H	Business	(A business interested in mathematics or mathematics education)	\$450
<input type="checkbox"/>	I	Reciprocal	(Any person who is a current member of another AAMT affiliated association)	\$65
Optional Extras - Journals - Please tick box(es) to indicate which journals you would like to receive.				
<input type="checkbox"/>	AAMT: Australian Primary Mathematics Classroom Journal (Primary Focus)			\$30
<input type="checkbox"/>	AMEJ: The Australian Mathematics Education Journal (Primary and Secondary Focus)			\$30
<input type="checkbox"/>	MAV: Prime Numbers Journal (Primary Focus)			\$35
<input type="checkbox"/>	MAV: Viniculum Journal (Secondary Focus)			\$35

Total Membership Cost:

Payment Option: 1 Direct Deposit <input type="checkbox"/>	BSB: 066 013 Account: 10076346 Reference: "MEM" and your surname e.g. MEMSmith Please email your remittance advice to accounts@mawainc.org.au	Payment Option: 2 Cheque <input type="checkbox"/>	Please post cheque to: MAWA - PO BOX 440 Mirrabooka WA 6941 (Institutional - Order number is required) School Order Number: _____
Name on Card			
Payment Option: 3 Credit Card <input type="checkbox"/>	Type of Card <input type="checkbox"/> <input type="checkbox"/>	Expiry Date MM YY	
Credit Card #			
I hereby authorise MAWA to debit my card by: \$		Signature:	Date

Please return this form by the following methods:

office@mawainc.org.au

08 9345 0488

PO BOX 440, MIRRABOOKA WA 6941

Office Use
 Membership NO: _____
 Invoice NO: _____
 Receipt NO: _____
 AUTH: _____