



## Application for Student Membership

Name:		
Postal Address:		
Suburb:	State:	PCode:
Home Phone:	Mobile:	
DOB:	Email:	
Instructor:		
College at which you are undertaking study:		

I wish to become a Student Member of the Bowen Association of Australia.

In the event of my admission as a Student Member I agree to be bound by the Rules of the Association, the Code of Conduct and the Code of Ethics.

Signed: .....

or Tick Box  if completing electronically

Dated: .....

Please hand this completed application back to your Instructor, email directly to the BAA Office or post it to the BAA Office at the address below:

If completing and submitting this form electronically, please press 'Save As' on completion so that your details will be saved within the form and then email to the BAA Office at the address below.