**ORSAA Membership Application Form**

Thank you for your interest in the Oceanic Radiofrequency Scientific Advisory Association (ORSAA). Membership with ORSAA supports our valuable work in reporting the science regarding the effects of electromagnetic fields (EMRs and EMFs) on humans and the environment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** |  | | **Surname** |  | |
| **Street address** |  | | | | |
| **City** |  | | **Post Code** | |  |
| **Phone Number** |  | | **Gender** | | M / F |
| **Email address** |  | | | | |
| **Year of Birth** |  | | | | |
| **Best form of contact** | Email Phone Mail | | | | |
| **Profession/Occupation** | |  | | | |
| **Pls nominate any specific areas of Interest** | | Biology / Neuroscience / BioPhysics / Medicine / Psychology / Measurement / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Membership category (Please choose one)** | | **Contributing Member** (for contributing to the collection, interpretation, or dissemination of the relevant science)  **Associate Member** (for supporting the aims and the work of ORSAA without having to contribute) | | | |
| **Membership Fees**  **Contributing Member:** Normal Fee: $55 Student/pension/retired: $33  **Associate Member:**  Fee: $33  **Payment Method (please tick or cross)**  I have made a direct debit payment of $\_\_\_\_\_\_\_ plus a donation of \_\_\_\_\_\_\_\_ (optional) to:  **ORSAA**, **BSB**: 084-269 **Account No**: 955124209  I am paying by cheque (Please pay to OCEANIA RADIOFREQUENCY SCIENTIFIC ADVISORY ASSOCIATION and post to **ORSAA,** PO Box 152, Scarborough QLD 4020. Web site: www.orsaa.org | | | | | |
| **Please note:** ORSAA has no commercial affiliations and does not promote any products. Membership of ORSAA is not available to businesses and is not to be used in connection with any product or the advertising of any product. ORSAA reserves the right to cancel membership of any individual who does not comply with its rules.  **I would like to become a member of ORSAA and agree to comply with these requirements**  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (digital signature is okay) **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |