

# 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 (EMF) on humans and the environment.

<b>First Name</b>		<b>Surname</b>	
<b>Street address</b>			
<b>City</b>		<b>Post Code</b>	
<b>Phone Number</b>		<b>Gender</b>	M / F
<b>Email address</b>			
<b>Year of Birth or Date of Birth</b>			
<b>Best form of contact</b>	Email	Phone	Mail
<b>Profession/Occupation</b>			
<b>Pls nominate any specific areas of interest</b>	Biology / Neuroscience / BioPhysics / Medicine / Psychology / Measurement / Other: _____		
<b>Membership category (Please choose one)</b>	<input type="checkbox"/> <b>Contributing Member</b> (for contributing to the collection, interpretation, or dissemination of the relevant science) <input type="checkbox"/> <b>Associate Member</b> (for supporting the aims and the work of ORSAA without having to contribute)		
<b>Membership Fees</b> <b>Contributing Member:</b> Normal Fee: \$40 Student/pension/retired: \$20 <b>Associate Member:</b> Fee: \$20			
<b>Payment Method (please tick or cross)</b> <input type="checkbox"/> I have made a direct debit payment of \$_____ plus a donation of _____ (optional) to: <b>ORSAA, BSB: 084-269 Account No: 955124209</b> <input type="checkbox"/> I am paying by cheque (Please pay to OCEANIA RADIOFREQUENCY SCIENTIFIC ADVISORY ASSOCIATION and post to <b>ORSAA</b> , PO Box 152, Scarborough QLD 4020. Web site: <a href="http://www.orsaa.org">www.orsaa.org</a>			
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<b>I would like to become a member of ORSAA and agree to comply with these requirements</b>			
<b>Signed:</b> _____ (digital signature is okay) <b>Date:</b> _____			