



Application for Membership

First Name: _____ Family Name: _____

Company (if membership is paid by a company): _____

Address: _____

State: _____ Post Code: _____

Telephone

Business: _____ Evening: _____ Mobile: _____

Email address (clear letters please): _____

The ATAA will not divulge your email address to anyone.

Do you currently derive more than 50% of your income from trading the financial markets or employment in the financial services sector? **Yes / No** (please circle)

How did you hear about the ATAA? _____

The ATAA is a member based association that focuses on the provision of education related to the financial markets. Our aim is to provide opportunities for members to hear the views of various speakers, authors and other members. The ATAA does not necessarily endorse or promote these views. Before taking any action in the market, members should consider the appropriateness of the views expressed in the light of their own objectives, financial situation or needs, and if necessary seek advice from a person who is licensed to provide personal financial advice.

I have read and understand this statement: _____ (signature)

1. **Joining fee:** \$50.00 (GST \$4.54 included). Members who rejoin are exempt from this fee. _____
2. **Annual subscription:** \$240.00 (GST \$21.81 included) _____
3. **OR: Joint Membership subscription:** Pay an additional \$142.00 (GST \$12.91 included). Please enclose evidence of residence at the same address as the member. Plus a \$50.00 joining fee applies. _____
4. **OR: Student Membership Subscription:** \$160.00 (GST \$14.55 included). Plus a \$50.00 joining fee applies. Please enclose a copy of a current student card. _____

Amount enclosed or authorised below : \$ _____

ATAA documents (Please indicate your preferred **format**) Electronic Printed copy

Format of annual report and financial statements

Please make cheques payable to: Australian Technical Analysts Association or debit my credit card as follows:

Credit Cards Accepted: (Please Tick) Visa MasterCard

Card Number: _____ Expiry: _____ / _____

Name in Card: _____ Signature (of cardholder) _____

A Tax Invoice/Receipt will be provided.

Lodge on-line or mail this
Application Form to:
The Secretary
Australian Technical Analysts
Association
PO Box 3175, Eastlakes NSW 2018

For further information visit the ATAA
website at www.ataa.com.au
or call (02) 9667 0983