



ASSOCIATION OF
PRACTICAL
THEOLOGY
IN OCEANIA

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION (PLEASE PRINT)

Title (<i>Dr, Rev, Sr</i>)	First Name (<i>Preferred Name</i>)	Surname
Postal Address		
Suburb	State	Postcode
Telephone (<i>Home</i>)	Telephone (<i>Work</i>)	Telephone (<i>Mobile</i>)
Email Address		
Personal Website / Blog		

OTHER RELATED INFORMATION

EMPLOYMENT INFORMATION (PLEASE PRINT)

Present Institution (<i>University, Theological College</i>)	Present Position / Title (<i>Lecturer, Professor</i>)	
Postal Address		
Suburb	State	Postcode

RESEARCH INTERESTS IN PRACTICAL THEOLOGY (PLEASE PRINT)

PARTICULAR RESEARCH INTERESTS IN PRACTICAL THEOLOGY (OR RELATED AREAS):

RECENT PUBLICATIONS

BRIEF BIOGRAPHY (MAX 200 WORDS)

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DECLARATION AND AGREEMENT (PLEASE PRINT)

- I authorise the Association of Practical Theology in Oceania to verify the information provided on this form.
- I undertake to abide by the Constitution and other Codes and Standards of the Association of Practical Theology in Oceania.
- I agree to receive communication from the Association of Practical Theology in Oceania. Most of our communication will be sent via email periodically. Please note you can unsubscribe from this communication by writing to the Secretary.
- I agree to have my details included in the 'Members' section on the APTO website and related social media platforms.
- I agree that my photo may be taken at APTO gatherings, and may be used in their marketing collateral.

Signature of applicant	Date
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Name of proposer	Signature of proposer	Date
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Please return your completed Membership Application Form to:

Dr Robert Dixon,
 Treasurer, Association for Practical Theology in Oceania
Email: redixon01@gmail.com

