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| **Applicant Information (PLEASE PRINT)** |
| Title *(Dr, Rev, Sr)* | First Name *(Preferred Name)*  | Surname |
| Postal Address |
| Suburb | State | Postcode |
| Telephone *(Home)* | Telephone *(Work)* | Telephone *(Mobile)*  |
| Email Address |
| Personal Website / Blog |
| **OTHER RELATED INFORMATION** |
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| **EMPLOYMENT INFORMATION (PLEASE PRINT)** |
| Present Institution *(University, Theological College)* | Present Position / Title *(Lecturer, Professor)*  |
| Postal Address |
| Suburb | State | Postcode |
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| **RESEARCH INTERESTS IN PRACTICAL THEOLOGY (PLEASE PRINT)** |
| **PARTICULAR RESEARCH INTERESTS IN PRACTICAL THEOLOGY (OR RELATED AREAS):** |
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| **RECENT PUBLICATIONS** |
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| **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 |
| Name of proposer Signature of proposer | Date |
| ***Please return your completed Membership Application Form to:***Secretary, Association for Practical Theology in Oceania**Email:** secretary@apto.asn.au  |

