

ASRA Subscription / Membership Renewal Form

Please complete and detach this section and return it with a cheque made out to the Australasian Sound Recordings Association to **Mr Bruce Skilton, ASRA Treasurer, 4 Swiss Mountain Avenue, Hepburn Springs, VIC 3461, Australia** (Receipts provided on request). (If you have already paid this year's Subscription/Membership please ignore this notice)

Membership Details PLEASE PRINT

Name of Institution

Title	First Name	Family Name
_____	_____	_____

Address

Suburb/City	Postcode	e-mail address
_____	_____	_____

Phone			
Work:	Home:	Mobile:	Fax:
_____	_____	_____	_____

Nominated Annual Subscription Rate

- Student/Retiree/Unemployed Membership \$30.00
- Individual Membership \$50.00
- Institutional Membership \$90.00

I enclose a cheque for \$_____ Date: _____ Receipt Required
 Yes No

I am interested in the following areas of sound recording: (tick where applicable)

- | | |
|---|--|
| <input type="checkbox"/> Archiving | <input type="checkbox"/> Broadcasting (Contemporary) |
| <input type="checkbox"/> Broadcasting (Historical) | <input type="checkbox"/> Collecting Sound Recordings |
| <input type="checkbox"/> Discography | <input type="checkbox"/> Oral History/Folklore |
| <input type="checkbox"/> Recording Industry | <input type="checkbox"/> Recording Nature Sounds |
| <input type="checkbox"/> Sound Recording Technology | <input type="checkbox"/> Other: (please specify) |

 I am currently working on the following projects:

