Australasian eResearch Organisations (AeRO)

*Please read the* ***AeRO Membership Agreement*** *before completing this form.*

|  |  |
| --- | --- |
| Full name of Applicant |  |
| If Applicant is not a legal/standalone entity, full name of legal entity representing the Applicant, and ABN |  |
| Nature of Applicant’s role in the research and education sector |  |
| Number of eResearch support staff at Applicant (staff includes contractors, secondees, interns, etc. ‘eResearch support’ defined broadly) |  |
| Membership Type | **[ ]** Full Member **[ ]** Associate Member |
| Postal Address of Applicant |  |
| Name of person authorised by the Applicant to act on its behalf on matters relating to AeRO |  |
| Title of authorised person |  |
| Contact detail for authorised person | Phone number:Email address: |

**Declaration**

If admitted to AeRO, I agree that my organisation will be bound by the AeRO Membership Agreement as amended from time to time.

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(Full name and title of person authorised by the Applicant)

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(Signature and Date)

**Please submit your completed form to AeRO CEO – Sam Moskwa - sam@aero.edu.au**