



ISCPES Membership Application Form

Title (check one):

Prof. Dr. Mr. Ms. (other, please specify) _____

Full name: _____

Affiliation/workplace: _____

Postal Address: _____

City: _____

State: _____

Country: _____

Code: _____

Telephone No.: _____

E-mail Address: _____

Types of Membership:

- Individual : USD \$60.00 ;
- Student : USD \$50.00 ;
- Retired : USD \$50.00 ;
- Institution : USD \$120.00 ;
- Life Member : USD \$500.00 ;

Remit Payment to:

ISCPES, A/Prof John Saunders
School of Exercise Science
Australian Catholic University
PO Box 456
Virginia
Queensland 4014
Australia

Please make all cheques and international money orders payable to ISCPES in US/EU funds
Enquiries please email: ISCPES@outlook.com