

Mind Over Media

Application form



Young Media Australia

Please complete and return this entire form to Young Media Australia
Young Media Australia, PO Box 447, Glenelg, SA, 5045 or fax to: (08) 8376 2122

Section 1 - I would like to take part in Mind Over Media

- Receive seven **free** quarterly eFact Sheets only
Please complete **Section 2** only

I would also like to support the work of YMA

- Become a **member** of Young Media Australia. In addition to seven quarterly eFact Sheets, I will receive *small screen* (YMA's monthly news digest) plus fortnightly **member only** email bulletins.

Please complete **Section 2** and **Section 3** of this form.

Become a member now!
No need to renew until
June 2005

Section 2 - My details

Name: _____

Organisation: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

E-mail: _____

(by providing your email address, you give permission for *Young Media Australia* to use it for the purpose of distributing the *eFact Sheet* service and other future communications relating to the organisation, including PDF attachments of *small screen* if becoming a member & indicated)

Section 3 - Payment details

Please complete only if you are applying for Young Media Australia membership

- | | |
|---|-----------------|
| <input type="checkbox"/> National Organisation (includes 10 issues of small screen) | \$ 192.50 |
| <input type="checkbox"/> State or Local Organisation (includes 3 issues of small screen) | \$ 66.00 |
| <input type="checkbox"/> Individual Membership (includes 1 issue of small screen) | \$ 49.50 |

- Please send me *small screen* in a printed format. **OR** Please send me *small screen* via my email address in electronic PDF format.

Please find enclosed my cheque or credit card Bankcard / Visa / Mastercard

Name on card: _____ Expiry date: _____

Card no:

Signature: _____ Date: _____