GEOSPATIAL COUNCIL OF AUSTRALIA





Personal Details			
Member ID:	Year of Birth:		Title (Dr/Mrs/Mr/Ms):
First Name:	e: Last Name:		
Contact Details			
Address:			
City:	State:	Postcode:	Country:
Phone:	Email:		
Information			
Please note the current details of your current issue (e.g. illness of yourself or family member, maternity leave, long term unemployment etc), including expected duration and why you would like to maintain your GCA membership during this time:			
Declaration			
I confirm I understand:			
☐ I may be offered alternative	payment options (e.	g. monthly instalm	ents) or a waiver of fees
☐ The decision is at the discre			
 I understand I am still eligible Constitution and By-Laws, a 			n GCA Committees as allowed by the
-			ouncil Constitution and Code of Ethics.
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Signature:		Date:	
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SUBMISSION AND MORE INFORMATION

Please email the completed form to membership@geospatialcouncil.org.au.

Please don't hesitate to contact us if you have any questions on phone 02 6282 2282 or email membership@geospatialcouncil.org.au.