|  |  |
| --- | --- |
| alanz logo | **Applied Linguistics Association of New Zealand**  **Application for membership/renewal of membership**  **From 1st January to 31st December 2017**  **OR From 1st January 2017 to 31st December 2018** |

**Contact Details**

|  |  |  |
| --- | --- | --- |
| Full name: |  |  |
| Institution: |  |  |
| Postal Address: |  |  |
|  |  |  |
| Email Address: |  |  |
| Telephone: |  |  |

|  |  |
| --- | --- |
|  | Tick box if you agree to have your name appear in a list of members on the ALANZ website. |

|  |  |
| --- | --- |
|  | Tick box if you agree to have your name added to the ALANZ email list. |

**Brief Description** of current work relevant to aims of ALANZ

|  |
| --- |
|  |
|  |

**Membership Payment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ALANZ Full Membership (one year) |  | $55.00 |  |  | Cheque Enclosed |
| ALANZ Full Membership (two years) |  | $100.00 |  |  | Pay by Direct Credit |
| ALANZ Student Membership\*\* |  | $25.00 |  |  |  |
| ALIA’s Solidarity Awards Fund |  |  |  |  |  |
| **TOTAL** |  | $55.00 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  |  | Date |  |

|  |  |
| --- | --- |
| Send Cheques to:  Shaofeng Li  Honorary Treasurer, ALANZ  Department of Applied Language Studies and Linguistics  The University of Auckland  Private Bag 92019  Auckland  email: s.li@auckland.ac.nz | Direct Credit Details  ALANZ 060606-0038142-00  ANZ Bank, Auckland University Branch.  Please note **YOUR NAME and 2017 Sub** in the reference line. |

**\*\* If you are applying for Student Membership we require verification of your student status**

I verify that the above named person is a student at our institution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  (Head of Dept/ Supervisor) |  |  | Signature |  |
| Institution Name |  |  | Date |  |