



A.B.E.S. Members Application Form

Semester 2, 2005

Family name:		First Name:	
Student ID:		Telephone (Mobile):	
Please note that we may contact you using SMS. If you do not wish to be contacted in this way, please do not submit your mobile phone number.			
Email:			
Degree: Eg. B.Ec.			
Year in elected course: (ie: 1 st , 2 nd 3 rd year)			
Preferred meeting time:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	

Please tick the preferred meeting date

Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

Signature: _____

Date: ____ / ____ / 20 ____

For any queries, contact the A.B.E.S.

- Email: abes_usyd@yahoo.com.au

For more information, please visit http://au.geocities.com/abes_usyd/abes.html

Thank you for your application