



**SUPERVISED TEST FOR ADMISSION TO
AUSTRALIAN MENSA INC**

ABN: 58 020 031 207

All charges inclusive of GST.

Name: _____ Test Date (if known): _____

Date of Birth: ____/____/____ ** (must be at least 14 years of age)

Address: _____

Phone number/s: _____

Email address: _____

Preferred state for testing if not the home state: _____

Any restrictions on ability to attend? _____

***Please Note:** Psychologists with knowledge of or experience in giving IQ tests may not be eligible to sit the normal entry tests. Please contact the Recruiting Officer <recruiting@mensa.org.au>

Have you ever taken a Mensa test before? Yes / No (if yes give details over the page)

FEES: \$60 standard, \$40 concession (enclose proof of concession, eg Centrelink or student card)

- I enclose my cheque/money order made payable to Australian Mensa Inc.
- I authorise payment by Credit Card as below, for the amount of \$_____
 - VISA MasterCard

Name on Card: _____

Card Number: _____ Expiry Date: _____

Signature: _____

****Applicants between the ages of 14 and 18 require the consent of a parent or guardian.**

I consent to let my child/guardian sit for the above Supervised Test.

Name of parent/guardian _____

Signature _____ Date ____/____/____

RETURN FORM AND PAYMENT BY MAIL OR

FOR CREDIT CARD PAYMENTS ONLY

to: Australian Mensa Inc
Suite 12, 8-12 Stafford St
Midland WA 6056

Fax: (08) 9274 5544
or
email: office@mensa.org.au