

NOTES TO CONTRIBUTORS

1. Manuscripts should be typewritten on one side only on A4 paper, with double spacing and wide margins. Three copies should be submitted, and the approximate number of words stated.

2. References should be referred to in the text by giving, in brackets, the surname of the author and should be listed in numerical order at the end of the article, as follows:

BOOKS: Author's name and initials; year of publication (in brackets); title of book underline; publisher, page reference, if appropriate.

ARTICLES: Author's name and initials; date of publication (in brackets); title of article; abbreviated title of journal underlined; volume and number.

3. Footnotes should be kept to a minimum.

4. Each article should be prefaced with a brief resume.

5. Contributors are invited to submit a brief biographical note and a current photograph suitable for printing.

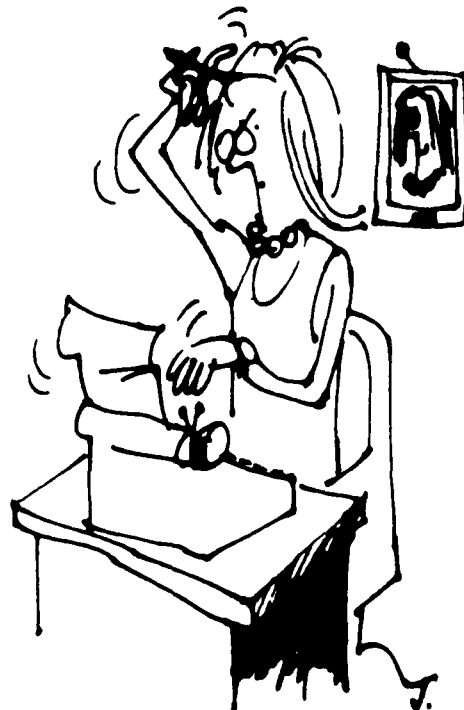
6. All manuscripts submitted will be reviewed by three referees. Manuscripts may be accepted for publication, returned for revision or rejected. The Editor's decision is final.

7. All manuscripts and editorial communications should be addressed to:

The Editor,
Australian Child and Family Welfare,
C/- Department of Social Work,
La Trobe University,
Plenty Road,
Bundoora, Vic.

All Book Reviews should be addressed to: The Book Review Editor, at the above address.

8. All rights of reproduction are strictly reserved.



AN INVITATION . . .

. . . To join a National organisation concerned about children established in 1971.

1989 FEES Individual \$50
 Organisation \$100

FOR A MEMBERSHIP FEE,
THE MEMBER RECEIVES:

1. *The quarterly journal, "Australian Child & Family Welfare"*.
2. *The quarterly Newsletter Bulletin.*
3. *Copies of Research material at reduced prices.*
4. *Information about Seminars, Conferences and Luncheons the Bureau sponsors.*
5. *The opportunity to be part of a National lobby group for children.*

Please return the attached Application Form with your cheque to:

CHILDREN'S BUREAU OF AUSTRALIA,
P.O. BOX 629
CHELTENHAM, VIC. 3192.

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

SURNAME:

or NAME OF ORGANISATION:

CHRISTIAN OR GIVEN NAMES:

ADDRESS:

POSTCODE:

PHONE NUMBER: (BUS) (HOME)

OCCUPATION:

CONTACT PERSON (If Organisation):

SIGNATURE: DATE:

Membership: \$

Donation \$
(Donations are tax deductible)

CHEQUE HEREWITH \$