Membership Application Form

ABN: 29 070 863 318

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| **Membership Fee - please tick:** |
| **1 year** |  Renewal $75 |  New $100 |
| **2 years** |  Renewal $120 |  New $140 |
| **3 years** |  Renewal $165 |  New $185 |

# Please fill out your details:

Surname: First Names:

Address:

City/Suburb: Postcode:

Email:

Phone (H): Phone (W):

Phone (M): Qualifications:

Hospital / Day Surgery Unit:

Area of practice:

Position:

Are you a member of another state? No Yes Primary State:

# I hereby agree to abide by the constitution of the association:

Signature: Date: / /

# Please return completed form to:

**Email:** dsnaqed@gmail.com

# Payment: Direct Debit

**Account Name:** Day Surgery Nurses Association of Queensland Inc

# BSB: 064-180 Account No: 1009 3771

**Reference:** Please enter your **Surname** and **Initial**

**Office Use Only:**

Date paid: / / Pymt: DD /CC Current to:

Receipt No: Sent: / / On database: Yes / No