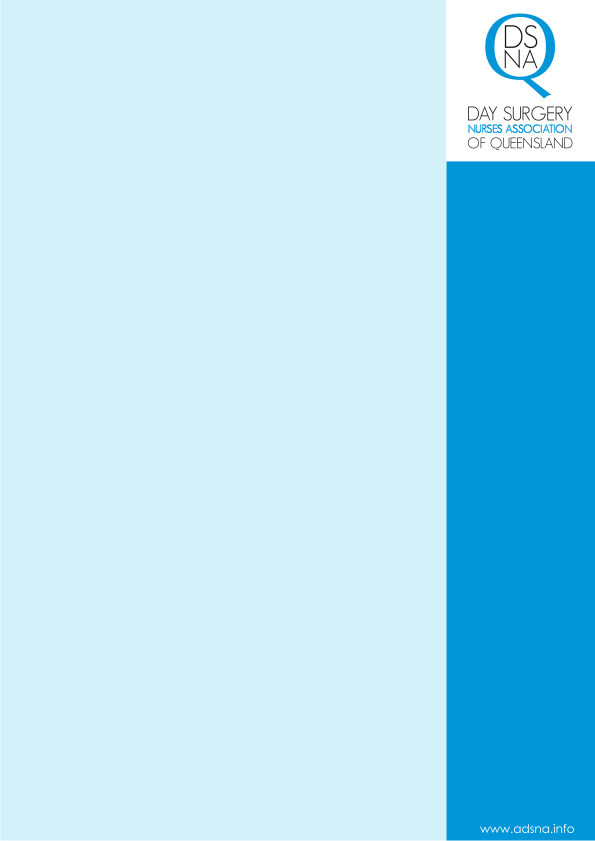
Membership Application Form



ABN: 29 070 863 318

|  |  |  |
| --- | --- | --- |
| **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](mailto: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