

New Membership:	1 Year	\$80.00	<input type="checkbox"/>
	<i>if credit card</i>	\$82.00	<input type="checkbox"/>
Membership Renewal:	1 Year	\$70.00	<input type="checkbox"/>
	<i>if credit card</i>	\$72.00	<input type="checkbox"/>
Change membership details:			<input type="checkbox"/>

MEMBERSHIP APPLICATION / RENEWAL

Member No:	For the period:
Surname:	Hospital / Corporation:
Given Name:	Position Held:
Home Address:	Work Address:
Post Code:	Post Code:
Phone No:	Work Phone No:
Email Address:	

PLEASE UPDATE DETAILS WHERE NECESSARY

Membership renewals are to be received by **1 July** (if not received by 31 August membership will lapse)
Please allow 6 weeks for processing of your application

Please make your cheque / money order payable to:
"Day Surgery Nurses Association" and return with your completed application / renewal form to:
Day Surgery Nurses Association, PO Box 3256 St Pauls NSW 2031
Or, you may prefer to pay via credit card below
Phone Enquiries: To the Administrative Officer Ph: 4226 6955

OFFICE USE ONLY

RECEIPT No. _____ DATE RECEIVED: _____

PAYMENT DETAILS:

CHEQUE MONEY ORDER VISA MASTERCARD [we do not accept Diners or AMEX]

CARD NO: _____/_____/_____/_____

EXPIRY DATE: _____/_____ AMOUNT: \$ _____:_____ [\$2 surcharge applies]

NAME ON CARD: _____ (PLEASE PRINT)

SIGNATURE: _____