



Application for membership:

1 Year \$ 60.00

3 Years \$165.00

Membership renewal:

1 Year \$ 60.00

3 Years \$165.00

Change membership details:

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

**PLEASE UPDATE DETAILS WHERE NECESSARY**

Membership renewals are due 1<sup>st</sup> July for the ensuing 12 months and if not received by the 31<sup>st</sup> August, 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 together with this completed application/ renewal form to:

**Day Surgery Nurses Association, P.O. Box 2057, Hornsby NSW 1635**

Or you may prefer to fill in your credit card details below and the amount will be directly debited from your account.

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: \_\_\_\_/\_\_\_\_

NAME ON CARD: \_\_\_\_\_(PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

**ABN 14 909 560 342**