



Application for membership:	1 Year	\$60.00	<input type="checkbox"/>
	3 Years	\$165.00	<input type="checkbox"/>
Membership renewal:	1 Year	\$60.00	<input type="checkbox"/>
	3 Years	\$165.00	<input type="checkbox"/>
Change membership details:			<input type="checkbox"/>

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 1st July for the ensuing 12 months and if not received by the 31st 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 3256 St Pauls NSW 2031

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:
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PAYMENT DETAILS:	
CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> [we do not accept Diners or AMEX]	
CARD NO: _____/_____/_____/_____	
EXPIRY DATE: ____/____ AMOUNT: \$____: ____	
NAME ON CARD: _____(PLEASE PRINT)	
SIGNATURE: _____	
ABN 14 909 560 342	

