Day Surgery Nurses Association of Qld Inc.

# Membership Application form

**Please return completed form together with your remittance to:**

Memberships
Day Surgery Nurses Association Qld Inc
Suite 325 St Andrew's Place
North Street
Spring Hill Qld 4000

ABN: 29 070 863 318

**Membership Fee - please tick:**

| | | |
|---|---|---|
| **1 year** | ☐ Renewal $55 | ☐ New $75 |
| **2 years** | ☐ Renewal $100 | ☐ New $120 |
| **3 years** | ☐ Renewal $145 | ☐ New $165 |

---

**Please fill out your details**:

Family Name _____ First Name _____

Mailing address _____

City/Suburb _____ Postcode _____

Email _____

Phone (H) _____ Phone (W) _____

Qualifications _____

Hospital / Day Surgery Unit _____

Area of practice _____

Position _____

Are you a member of another state? ☐ No ☐ Yes Nominate your primary state _____

---

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

Signature _____ Date _____

---

**If paying by credit card:**

☐ Mastercard ☐ VISA Signature _____

Card No_ _ _ _ /_ _ _ _/ _ _ _ _ /_ _ _ _ Expiry Date_ _ / _ _ Amount $_____

---

**Office Use Only:**

Date paid Current to Computer Cheque
Receipt no Posted