



Australian Day Surgery Nurses Association

Tasmanian Branch

www.adsna.info/memberstates/tasmania/tasmania.htm

MEMBERSHIP FORM

Surname: _____

Given names: _____

Mailing address: _____

City: _____ Postcode: _____

Ph Home: _____ Ph work: _____

Mobile: _____

Email Address: _____

Name of Healthcare Facility: _____

Position Held: _____

Type of Application: New Renewal Date of Renewal/Joining. / /

Membership Fees: \$60.00

Annual Membership gives membership of the Australian Day Surgery Nurses Association, National Journal and Full Voting Membership of the Tasmanian Association.

Please make cheques payable to: Australian Day Surgery Nurses Association Tasmanian Branch

Send to: ADSNA TASMANIA BRANCH
PO BOX 139
KINGSTON TAS 7051

Office Use Only

Entered on database; Yes No

Receipt sent via; Email Post

Receipt Number; _____

Database sent to Secretary; Yes No