

Australian Day Surgery Nurses Association.
Tasmania Branch

Membership Form.

Surname _____.

Given Name(s) _____.

Mailing Address _____.

City/Town _____ **Postcode** _____.

Phone Home _____.

Phone Work _____.

Fax _____.

Name of Health Care Facility _____.

Position Held _____.

Type of Application **New** **Renewal**

Membership Fees . **\$40.00**

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

(Cheques payable to Australian Day Surgery Nurses Association Tasmanian Branch.)

C/- ADSNA TASMANIAN BRANCH
PO BOX 139
KINGSTON 7051.