



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

Membership Fees: \$50.00

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