DAY SURGERY SPECIAL INTEREST GROUP

(A.N.F.Victoria)

ABN 24 023 651 263

DSSIG MEMBERSHIP FORM

2011-2012

(valid from July 2011 through to June 2012)

Please forward to

PO Box 7582, St Kilda, Melbourne Vic 3004

Fax: 03 8678 3975 or email: dssigmembership@adsna.info

Receipts will be issued when your application has been processed

PLEASE PRINT CLEARLY

NAME :		
POSTAL ADDRESS:		
PLACE OF EMPLOYMENT:		
Phone: (AH)	(BH)	(Mobile)
Email Address:		

FEES		
	NEW	**RENEW**
ANF Members ***(Membership No:)***	☐ $ 75.00	☐ $65.00
Non ANF. Members	☐ $85.00	☐ $75.00

☐ ***Cheques/Money Orders (Payable to Day Surgery Special Interest Group)*** ☐ ***CASH***

☐ ***Mastercard*** ☐ ***Visa***

Card No. _ _ _ _/ _ _ _ _/ _ _ _ _/ _ _ _ _ Expiry Date _ _/ _ _

Name On Card _____ Amount_____ *(+5% surcharge for credit card only)*

Cardholder's
Signature_____ Date_____

☐ ***Direct Debit BSB 083 298 Account Name: Day Surgery Special Interest Group Account No: 215772323***

NB: Please include your invoice number if applicable or your name in the reference section.

*Date payment was made:*_____

Office use only	☐ MYOB	☐ Data Base
Membership Number:	***Invoice Number:***	***Date Issued:***