



<p><b>NASSF WA</b></p> <p><b>MEMBERSHIP FORM</b></p> <p><b>2010/2011</b></p>
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New Member **\$60** 1 Year

Renewal **\$60** 1 Year

Change of Details

Member No. \_\_\_\_\_

Please note, membership year is from 1<sup>st</sup> July to 30<sup>th</sup> June. If renewal fees not received by 31<sup>st</sup> Aug. Membership will lapse. Details will be entered onto NASSF database and ADSNA members register.

Title _____	Given Name _____	Surname _____
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Postal Address _____ _____ _____	Place of Work _____ _____ _____
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Home Contact No. _____ Work No. _____ Mobile _____	Work Address _____ _____ _____ _____
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Do you wish to receive information via email <b>Yes/no</b> If yes Email _____	Position Held/Job Title _____ _____
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Payment method (please tick)	
Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> (payable to 'Nurses Association of Short Stay Facilities')	Electronic Funds Transfer <input type="checkbox"/> BSB 806-015 Acct. No. 01511522 Receipt/reference no. _____ (please use surname for reference when paying and member No. if renewal.)

Please return forms regardless of payment method (with cheq/MO if applicable) to

Claire Kennedy  
 1/14 Tyler St.  
 Joondanna 6060

<b>Office Use Only</b>	Date received:	Receipt No:	Posted :	Database:
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