



Nurses Association of
Short Stay Facilities
Inc. WA
ABN 38 707 341 406
Not registered for GST

NASSF WA
MEMBERSHIP FORM
2009/2010

New Member **\$60** 1 Year

Renewal **\$60** 1 Year

Change of Details

Member No. _____

Please note, membership year is from 1st July to 30th June. If renewal fees not received by 31st 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 Yes/no 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

Office Use Only	Date received:	Receipt No:	Posted :	Database:
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