

ARNA

Australasian Rehabilitation
Nurses' Association

ABN: 78 676 522 506

PO Box 193
Surrey Hills VIC 3127
Ph: 03 9895 4483
Fax: 03 9898 0249
E: arna@pams.org.au



Application for Membership

Effective: JAN 2008

Yearly fees: AU\$100 INC GST Individual
AU\$300 INC GST Corporate
(Overseas members incur same AUD price to cover postage)

Payments made between **1 August and 30 November**, attract half membership rates:

Half-yearly fees: AU\$50 INC GST Individual
AU\$150 INC GST Corporate

Payments made after 30 November, attract full membership rate for the following financial year (includes two months' free membership).

Please indicate which is appropriate below:

I am a NEW MEMBER	<input type="checkbox"/>	RENEWING MEMBER	<input type="checkbox"/>	CHAPTER	NSW/ACT SPINAL	QLD VIC/TAS	SA/NT/WA ILLAWARRA
Full Member	<input type="checkbox"/>	Corporate	<input type="checkbox"/>				

BUSINESS DETAILS

Company							
Position/Title							
Business Address							
State				Postcode			
PH	()		Fax	()			
Email Address							

PERSONAL DETAILS

Title		First Name			Last Name		
Private Address							
State				Postcode			
PH	()		Fax	()			
Email Address				Mobile PH			

Date of Birth:	Who introduced you to ARNA?						
Qualifications:							
Special interests:							
Current area of speciality practice:							

TOTAL	\$	(This form becomes your Tax Invoice when you make payment.) ABN: 78 676 522 506					
Cheque:	Made out to ARNA and forward it with this form to ARNA, PO Box 193, Surrey Hills, VIC 3127						
Credit Card:	Card Type	VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>		
	Name on the Card						
	Card Number				Expiry Date		
	Signature				Date		

I acknowledge that by seeking to renew my membership of Australasian Rehabilitation Nurses Association (ARNA), I agree to be bound by the policies and procedures of the Incorporated association as set out in the ARNA constitution and policy.