



ANZBA

Australian & New Zealand Burn Association

Care • Prevention • Research • Education

NEW MEMBERSHIP APPLICATION FORM 1 July 2017 to 30 June 2018

Contact Details (please print and complete all sections)

Preferred Title Surname

Given Names

Profession.....

Principal Place of Business

Preferred Mailing Address

.....State..... Postcode

Telephone (Wk) .(.....)..... Mobile:

Email.....

Membership Subscription Details Please tick your membership status (one only)

Please refer to the reverse of this form for explanation of membership types.

Ordinary Other* Member \$AUD165.00 (Inc. GST) NZ M'ber AU\$155
(* Allied Health / Nursing / Research)

Ordinary Medical Member \$AUD 265.00 (Inc. GST) NZ M'ber AU\$245

Associate Member \$AUD 150.00 (Inc. GST) NZ M'ber AU\$145

METHOD OF PAYMENT CHQ / MONEY ORDER M/CARD VISA

Credit Card Number _____ Expiry Date ____ / ____

Card Holders Name _____

Card Holders Signature _____

Please make cheques payable to "Australian & New Zealand Burn Association Ltd"
Cheques must be in Australian dollars.

UNDERTAKING

I, the above mentioned, do hereby undertake to be bound by the provisions of the Memorandum and Articles of the Association and also by the Prescribed By-laws (if any) applicable to the State, Territory, or district in which I reside.

Signature Date

Please return this form with payment to:

ANZBA, PO Box 550, Albany Creek, Qld 4035, Australia.

Ph: (07) 3325 1030 / Fax: (07) 3325 1042 / Email: info@anzba.org.au

MEMBERSHIP SUBSCRIPTION DETAILS

*** ORDINARY MEMBER**

A person registered to practice medicine, nursing or a health profession allied to medicine or nursing.

*** ASSOCIATE MEMBER**

Students of Medicine / Nursing / Allied Health Professions, Members of Emergency Services, or others interested in the welfare of burn patients.

www.anzba.org.au