



# ANZBA

Australian & New Zealand Burn Association

Care • Prevention • Research • Education

## NEW MEMBERSHIP APPLICATION FORM 1 July 2020 to 30 June 2021

### 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  \$AUD170.00 (Inc. GST)  NZ M'ber AU\$160  
(\* Allied Health / Nursing / Research)

Ordinary Medical Member  \$AUD 270.00 (Inc. GST)  NZ M'ber AU\$250

Associate Member  \$AUD 155.00 (Inc. GST)  NZ M'ber AU\$150

### 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 / 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](http://www.anzba.org.au)