

## **NEW MEMBERSHIP APPLICATION FORM** 1 July 2023 to 30 June 2024

### Contact Details (please print and complete all sections)

Droforred Title		
Preferred Title Surna		
Given Names		
Profession		
Principal Place of Business		
Preferred Mailing Address		
	State	Postcode
Telephone (Wk) .()	Mobile:	
Email		
Membership Subscription Details Please refer to the reverse of this form for explan		ship status (one only)
Ordinary Other* Member (* Allied Health / Nursing / Research)	□ \$AUD175.00 (Inc. GST)	□ NZ M'ber AU\$165
Ordinary Medical Member	□ \$AUD 275.00 (Inc. GST)	□ NZ M'ber AU\$255
Associate Member*	□ \$AUD 160.00 (Inc. GST)	□ NZ M'ber AU\$155
(Associate Member - Students of Medicine / Nursing / Allied Health Professions, Members of Emergency Services, or others interested in the welfare of burn patients.)		
METHOD OF PAYMENT: M/CAR	D 🗆 VISA 🗆	
Credit Card Number		Expiry Date /
Card Holders Name		
Card Holders Signature		
	Payment is in Australian dollars.	
UNDERTAKING  I. the above mentioned, do hereby undertak	ce to be bound by the provisions of th	ne 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.

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