



**Transplant
Nurses'
Association**
Incorporated under NSW Incorporations Act 1984
Membership Renewal

Membership Number: (If known) _____

Name: _____

Address: _____

Phone Work: _____ Home/Mobile: _____

Email: _____

Employer: _____

Speciality: _____ Position Held: _____

Please pay by the 31st August 2016

- 1 year membership \$88.00 (includes GST) Aug 2016 – Aug 2017
- 2 year membership \$155.00 (Includes GST) Aug 2016 – Aug 2018

OPTIONAL – TSANZ affiliate membership.

- RENEWAL** 1 year affiliate TSANZ membership \$55.00 (includes GST) Aug 2016 – Aug 2017

TOTAL: _____

ELECTRONIC FUNDS TRANSFER:

Acc Name: Transplant Nurses' Association,

BSB: 633-000 ACC NO: 154693683. **You must include your name as reference for processing payment**

Cheque / Money order enclosed

Please charge my: Visa MasterCard

Credit Card No: _____ / _____ / _____ / _____

Name on Credit Card: _____

CVV Number: _____ Card expiry: _____ / _____ Signature: _____

Please return form and payment to

Treasurer TNA

Scan and email: treasurer@tna.asn.au

Mail:

Julie Pavlovic

C/O Liver Transplant Unit

Austin Health, Level 8 HSB

Studley Rd Heidelberg, Vic 3084

OFFICE USE ONLY

- Receipt sent ___/___/___
- Membership valid till 20__
- Database updated
- State Executive notified
- Email updated
- TSANZ Member – form sent
- Email/Scan form to secretariat