



Australian Wound Management Association Inc (AWMA) ABN 69 104 482 963

Membership Application/Renewal Form & Tax Invoice

TITLE (Dr/Mr/Ms/Mrs): _____ FULL NAME _____

OR ORGANISATION & POSITION TITLE _____

ABN _____

MAILING ADDRESS _____

Postcode: _____

Phone (Home/Work): _____ Email Address: _____

PROFESSION: Nursing [] Medical [] Pharmacy [] Organisation [] Corporate (trade only) []

Podiatry [] Other Allied Health [] (specify)

Other [] (specify)

PLACE OF EMPLOYMENT: _____

TYPE OF MEMBERSHIP: (Refer to Constitution for clarification) NEW RENEWAL

Full (Individual or Non-trade Organisation) AUS\$110 pa [] []

Associate (Other) AUS\$110 pa [] []

Corporate (Trade only) AUS\$220 pa [] []

(GST included for Australian residents only)

Privacy statement

AWMA is committed to handling your personal information supplied on this membership application form in accordance with the provisions of the Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000 and the National Privacy Principles. Personal information will be used to process your membership application and to provide you with information and services relating to the Association's objectives, including details of seminars, conferences and other offers provided by third parties. If you do not wish to receive such third party information, please tick the box below. You may access, update and amend your personal information at any time upon a written request to the AWMA Membership Officer.

I do not wish to receive such third party information []

Payment can be made by cheque, money order or credit card, in Australian dollars, made payable to The Australian Wound Management Association.

I AGREE TO ABIDE BY THE CONSTITUTION OF THE AWMA

The AWMA Constitution is on the AWMA website www.awma.com.au

SIGNATURE OF APPLICANT: _____ DATE _____

Please send completed application form and payment to:

AWMA Secretariat

351 Park St

South Melbourne, VIC, 3205

Fax (03) 9696 1684 Phone (03) 9696 1210 Mobile: 0419 597953

Email: diannercarr@bigpond.com.au

CURRENT TO: _____

RECEIPT NO: _____

AWMA/My docs/Membership Form/amended Oct 08

Credit Card Details: Mastercard Visa Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ / ____ Card Holders Name:

Card Holders Signature: