



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)

Scientist [] Other [] (specify)

PLACE OF EMPLOYMENT: _____

TYPE OF MEMBERSHIP: (Refer to Constitution for clarification)	NEW	RENEWAL
Full (Individual or Non-trade Organisation) AUS\$110 pa (GST incl)	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Associate (Other) AUS\$110 pa (GST incl)	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Corporate (Trade only) AUS\$220 pa (GST incl)	[<input type="checkbox"/>]	[<input type="checkbox"/>]

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 or money order only, 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** _____

<p>Please send completed application form and cheque to: The Treasurer Australian Wound Management Association 17 Fortescue Street East Fremantle WA 6158</p>	<p>CURRENT TO: _____ RECEIPT NO: _____</p>
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AWMA/My docs/Membership Form/amended Nov 07