



AUSTRALIAN CAPITAL TERRITORY
WOUND MANAGEMENT ASSOCIATION INC.
ABN 18 029 773 669

TAX INVOICE

2005 - 2006

APPLICATION FOR NEW MEMBERSHIP/RENEWAL
Due 1 July 2005

Name.....
Address.....
.....

TYPE OF MEMBERSHIP	
Please tick appropriate type of membership	
<i>FULL</i>	\$77.00
<i>ASSOCIATE (Student)</i>	\$55.00
<i>CORPORATE</i>	\$140.00
All Fees Include 10% GST	

If you have already paid for the 2005/2006 Membership year please ignore this notice.



PLEASE RETURN THIS REMITTANCE FORM WITH PAYMENT

MEMBERSHIP DETAILS

	PLEASE CLEARLY PRINT DETAILS BELOW
TITLE & NAME	
POSTAL ADDRESS	
SUBURB	
STATE	
POSTCODE	
TELEPHONE	
(W)	
(H)	
(M)	
COMPANY NAME	
PROFESSION	
POSITION	
E-MAIL	

Name to be included on mailing lists Yes/No
Continuing member Yes/No
Introducing new member Yes/No
Name of introduced new member

I AGREE TO ABIDE BY THE CONSTITUTION OF THE AUSTRALIAN CAPITAL
TERRITORY WOUND MANAGEMENT ASSOCIATION INC.

Signature:.....Date:.....

PLEASE RETURN TO: **Membership Secretary**
ACT Wound Management Association
PO Box 621
WODEN ACT 2606

IF A RECEIPT IS REQUIRED PLEASE SEND A STAMPED SELF-ADDRESSED ENVELOPE.

Office Use Only:
Date Received:.....Amount:.....Method of Payment: (Cheque / Cash / Money order)