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**SOUTH AUSTRALIAN WOUND  
MANAGEMENT ASSOCIATION Inc.**

PO BOX 1144 Blackwood South Australia 5051

Mobile 0406 440 813(Not continuously monitored)

<http://www.sawma.org.au/>  
[membership@sawma.org.au](mailto:membership@sawma.org.au)

## MEMBERSHIP FORM

Name

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Address

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Postcode

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Phone/Fax

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Occupation (✓)     Nursing                       Allied Health  
                                  Trade                                       Medicine

Worksite

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Membership (✓)     New or     Renewal  
                                  Individual or     Corporate (Trade Only)

Enclosed is payment of \$50 for ordinary Annual Membership of the SAWMA Inc., valid until December of each year. This membership entitles me to conditions as set out in the SAWMA Inc. Constitution, February 1995. (Copies available on request).

Corporate Membership \$125 per annum.

I do not wish to receive any third party information.

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### Privacy Statement

SAWMA 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 & 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 & other offers provided by third parties. If you do not wish to receive such third party information, please tick the appropriate box. You may access, update and amend your personal information at any time upon a written request.

ABN 90 631 603 653