



Wound Association Northern Territory (WANT) A Branch of AWMA Inc

Membership Application/Renewal Form & Tax Invoice

SURNAME: _____

GIVEN NAMES: _____

PREFERRED MAILING ADDRESS _____

Postcode: _____

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

PROFESSION: Nursing [] Medical [] Allied Health [] Trade []

PLACE OF EMPLOYMENT: _____

TYPE OF MEMBERSHIP: (Refer to AWMA Constitution for clarification)

Membership is per calendar: (January to January)

Full (Individual Professionals) **\$55 pa***

NEW RENEWAL
[] []

Corporate (includes Trade) **\$275 pa***

[] []

Associate (Others) **\$55 pa***

[] []

(GST included for Australian resident only)

Amount due is in Australian dollars

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 appropriate box. You may access, update and amend your personal information at any time upon a written request.

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

Please make all cheques payable to the Australian Wound Management Association

I AGREE TO ACCEPT THE "CONSTITUTION" OF THE AWMA ASSOCIATION

The AWMA Constitution is on the AWMA website <http://www.awma.com.au/>

SIGNATURE OF

MEMBER: _____ **DATE** _____

Please send completed application form and cheque (credit card (P.TO.) to:
Secretariat, AWMA C/- 351 Park Street, South Melbourne Vic 3205
Email diannercarr@bigpond.com.au

CURRENT TO: _____

RECEIPT NO: _____

Australian Wound Management Association

ABN 69 104 482 963



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Please Note: Payment can be made by either attaching a cheque or via credit card.

(Please complete your credit card information below.)

Credit Card Details: **Bankcard** **Mastercard** **Visa**

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _ / _ /Card Holders

Name:.....

Card Holders Signature:.....

Should your details have changed, please indicate below and return with your payment to:

The Secretariat, C/- AWMA, 351 Park Street South Melbourne Vic 3205 Facsimile: 03 9696 1684

CHANGE IN MEMBERSHIP DETAILS SLIP

NAME:.....ORGANIZATION:.....

MAILING ADDRESS:

.....POSTCODE.....

TELEPHONE:FACSIMILE:.....