



**Transplant
Nurses'
Association**

Incorporated under NSW Incorporations Act 1984

Name: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone: (W) _____ Mobile/Home: _____

Email: _____

Hospital: _____ Position Held: _____

Speciality: (tick all that apply)

- Renal Liver Pancreas Haematology
- Cardiopulmonary Organ Donation Operating Theatres
- Bone and Tissue Corneal General

Fee: payable annually 31st August

- \$AUS66.00 1 year (inc GST)
- \$AUS120.00 2 years (inc GST)

OPTIONAL TSANZ Membership:

- \$AUS 27.50 1 Year (inc GST)

(If you wish to undertake TSANZ membership you will need to also download the TSANZ application and return it with this application)

Please charge my: Visa MasterCard

- - - - / - - - - / - - - - / - - - - AMOUNT: \$ _____

Name on Card: _____ Expiry date: __/__/__

Signature: _____

How did you hear about the TNA?

- Website Poster TJA Hospital rep: _____

Please return form with credit card details, or cheque/money order made payable to:

Transplant Nurses' Association
National Treasurer, TNA Inc.
Box M94, PO Missenden Road
NSW 2050. AUSTRALIA

OFFICE USE ONLY:

- New Membership Number _____
- New Member pack sent
- Receipt sent __/__/__
- Membership valid till 20__
- Email updated
- State Branch notified.
- TSANZ Application sent