



**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       Corneal
- Cardiopulmonary       Organ Donation       Operating Theatres
- Bone and Tissue       General

Fee: payable annually 31<sup>st</sup> August

- \$AUS55.00      1 year (inc GST)
- \$AUS100.00      2 years (inc GST)

Please charge my:                      Visa                      MasterCard

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Name on Card: \_\_\_\_\_ Expiry date: \_\_ \_\_ / \_\_ \_\_

Signature: \_\_\_\_\_ Amount: \_\_\_\_\_

How did you hear about the TNA?

- Website       Poster                       TNJ                       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  
Camperdown NSW 2050.  
Australia.

OFFICE USE ONLY:	
<input type="checkbox"/>	New Membership Number _____
<input type="checkbox"/>	New Member pack sent
<input type="checkbox"/>	Receipt sent __ / __ / __
<input type="checkbox"/>	Membership valid till 20 ____
<input type="checkbox"/>	Email updated
<input type="checkbox"/>	State Branch notified.