



# Transplant Nurses' Association

## Membership Renewal

1<sup>st</sup> September 2009 – 31<sup>st</sup> August 2010

ABN 18 351 952 838  
Tax Invoice

Membership Number: (If known) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Work: \_\_\_\_\_ Home/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Speciality: \_\_\_\_\_ Position Held: \_\_\_\_\_

### Please pay by the 31<sup>st</sup> August 2009

- 1 year membership \$55.00 (includes GST) Aug 09 – Aug 10
- 2 year membership \$100 (Includes GST) Aug 09 – Aug 11

**OPTIONAL – Please complete the attached TSANZ Application and return to TNA with payment.**

- 1 year affiliate TSANZ membership \$27.50 (includes GST) Aug 09 – Aug 10

TOTAL: \_\_\_\_\_

Cheque / Money order enclosed

Please charge my:            Visa             MasterCard

Credit Card No:                                

Name on Credit Card: \_\_\_\_\_

Card expiry:            \_\_\_\_\_ / \_\_\_\_\_

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

Please return form and payment to:  
Treasurer TNA  
Transplant Nurses' Association  
M94, PO Missenden Road  
NSW 2050 Australia

<b>OFFICE USE ONLY</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Receipt sent ____/____/____</li><li><input type="checkbox"/> Membership valid till 20__</li><li><input type="checkbox"/> Database updated</li><li><input type="checkbox"/> State Executive notified</li><li><input type="checkbox"/> Email updated</li><li><input type="checkbox"/> TSANZ Member – form sent</li></ul>
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