

Membership Application Form

ABN: 29 070 863 318



DAY SURGERY
NURSES ASSOCIATION
OF QUEENSLAND

Membership Fee - please tick:

- 1 year** Renewal \$75 New \$100
2 years Renewal \$120 New \$140
3 years Renewal \$165 New \$185

Please fill out your details:

Surname: _____ First Names: _____

Address: _____

City/Suburb: _____ Postcode: _____

Email: _____

Phone (H): _____ Phone (W): _____

Phone (M): _____ Qualifications: _____

Hospital / Day Surgery Unit: _____

Area of practice: _____

Position: _____

Are you a member of another state? No Yes Primary State: _____

I hereby agree to abide by the constitution of the association:

Signature: _____ Date: ____ / ____ / ____

Please return completed form to:

Post: Memberships, Day Surgery Nurses Association Qld Inc
Suite 325 St Andrew's Place, 33 North Street, Spring Hill QLD 4000

Email: DSNAQInc@gmail.com

Payment Options:

Direct Debit Cheque/Money Order MasterCard VISA

Card No: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Amount: \$ _____ Signature: _____

If paying by direct debit:

Account Name: Day Surgery Nurses Association of Queensland Inc

BSB: 064-180 Account No: 1009 3771

Reference: Please enter your **Surname** and **Initial**

Office Use Only:

Date paid: ____ / ____ / ____ Pymt: Chq / DD / CC Current to: _____

Receipt No: _____ Posted: ____ / ____ / ____ Computer: Yes / No