



**Transplant  
Nurses'  
Association**  
Incorporated under NSW Incorporations Act 1984  
New Membership Form

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 30<sup>th</sup> June**

- \$AUS 100.00      1 year (inc. GST)

**OPTIONAL TSANZ Membership:**

- \$AUD 55.00 – 1 YEAR (incl GST)

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

**ELECTRONIC FUNDS TRANSFER:** Acc Name: Transplant Nurses' Association, BSB: 633-000,  
ACC NO: 154693683. **You must include your name as reference for processing payment.**

**CREDIT CARD:** Please charge my:     Visa     MasterCard

Credit Card Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CVV \_\_\_\_\_ (the 3 digit number on the back of your credit card)

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

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

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  
Scan & Email: [treasurer@tna.asn.au](mailto:treasurer@tna.asn.au)  
Mail: Julie Pavlovic  
C/O Liver Transplant Unit  
Austin Health, Level 8 HSB  
Studley Rd Heidelberg, Vic 3084.

**OFFICE USE ONLY:**

- New Membership Number \_\_\_\_\_  
 New Member pack sent  
 Receipt sent \_\_/\_\_/\_\_  
 Membership valid till 20\_\_\_\_  
 Email updated  
 State Branch notified.  
 Email/Scan form to secretariat