



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 Theatre Paediatric Intestinal Bone and Tissue General

Fee: payable annually 30th June

\$AUS 100.00 1 year (inc. GST)

OPTIONAL TSANZ Membership:

\$AUD 90.00 – 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 other: _____

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

Transplant Nurses' Association
Scan & Email: treasurer@transplantnurses.org.au
Mail: Julie Pavlovic
C/O Liver Transplant Unit
Austin Health, Level 8 HSB
Studley Rd Heidelberg, Vic 3084.

New Member Application Form

OFFICE USE ONLY:

- New Member welcome email sent
- Receipt sent __/__/__
- Membership valid till 20____
- Email updated
- State Branch notified.
- Email/Scan form to secretary