



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

Name: _____

Address: _____

Phone Work: _____ Home/Mobile: _____

Email: _____

Employer: _____

Speciality: _____ Position Held: _____

Please pay annually by the 30th June

1 year membership \$100 (includes GST)

OPTIONAL – TSANZ affiliate membership.

RENEWAL 1 year affiliate TSANZ membership \$90.00 (includes GST) *If this is your first TSANZ membership application please complete the TSANZ membership application form*

TOTAL: _____

ELECTRONIC FUNDS TRANSFER:

Acc Name: Transplant Nurses' Association,

BSB: 633000 ACC NO: 154693683. **You must include your name as reference for processing payment**

Cheque / Money order enclosed

Please charge my: Visa MasterCard

Credit Card No: ____/____/____/____

Name on Credit Card: _____

CVV Number: _____ Card expiry: ____/____ Signature: _____

Please return form and payment to

Treasurer TNA

Scan and email: treasurer@transplantnurses.org.au

Mail:

Julie Pavlovic

C/O Liver Transplant Unit

Austin Health, Level 8 HSB

Studley Rd Heidelberg, Vic 3084

OFFICE USE ONLY

- Receipt sent ____/____/____
- Membership valid till 20__
- Database updated
- State Executive notified
- Email updated
- TSANZ Member – form sent
- Email/Scan form to secretary