



**TRANSPLANT
NURSES'
ASSOCIATION**

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 Bone marrow Tissue Heart lung
Organ Donation Operating Theatre Paediatric Intestinal Inpatient ICU
Allied Health Outpatient Tx Coordination _____

Please pay annually by the 30th June

- 1 year membership \$100 (includes 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-this is a requirement of the TSANZ.**

TOTAL: _____

CREDIT CARD: Please join on line, this is the preferred option.

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

Name: _____

Signature: _____

How did you hear about the TNA? Website Poster TJA Work other _____

Please return form to:

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

Transplant Nurses' Association Limited ABN 18 351 952 838
www.transplantnurses.org.au | 145 Macquarie St, Sydney, NSW, 2000, Australia.

OFFICE USE ONLY:

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