



Membership Renewal Form

Name: _____

Address: _____

Phone Work: _____ Home/Mobile: _____

Email: _____

Employer: _____ Speciality: _____

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- this is a requirement of the TSANZ.**

TOTAL: _____

ELECTRONIC FUNDS TRANSFER: (online payment through the website is the preferred option for renewal)

Acc Name: Transplant Nurses' Association,

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

Name: _____

Signature: _____

Please return form and payment to

Treasurer TNA
Scan and email: info@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