



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

- 1 year membership \$100 (includes GST)

**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](mailto: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:

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