

NSW & ACT Society for Vascular Nursing SVNSW

Membership Application 2017-2018

Date: _____

First Name: _____ Surname: _____

Employer: _____ Unit: _____

Designation: _____

Mailing Address:

Street _____

Suburb _____

State _____ Postcode _____

Email: _____

Tel: _____ Mobile: _____

SVNSW Membership applies from 1st July to 30th June Annually

[] **New membership fees** **\$60.00**

[] **Membership renewal fees** **\$50.00**

Benefits SVNSW Members: free to education sessions organised by SVNSW Executive Committee & Quarterly Newsletter; discount to Annual Vascular Conference & Vascular Focus Conference; & SVNSW Scholarship opportunity

Internet Banking

[] **BSB: 082 048** **Account number: 49 481 0758**

or,

Please make Cheque or Money Order payable to NSW & ACT Society for Vascular Nursing

Cheque [] Money Order [] Cash []

Please email the form to SVNSW Treasurer:

tanghua.chen@sswahs.nsw.gov.au

NB: Receipt & Membership card will be posted to you once payment confirm from NAB Statement.

Official use only:
Cheque No:
Bank:
Membership No:
Date receipt sent:

