



# Queensland Society for Vascular Nursing

**Postal Address:** 47 Weedon Street East

Mackenzie. 4156

**ABN:** 92 112 419 835

## 2018 INDIVIDUAL Membership application Form Invoice/Receipt

Please complete in BLOCK LETTERS

### Personal Details

<b>Title</b>	<b>Dr Ms Mrs Miss Mr</b>	<b>Given Name</b>	
<b>Surname</b>			
<b>Postal Address</b>			
<b>State/ Postcode</b>			
<b>Email</b>			
<b>Phone number</b>			

### Employment Details

<b>Current Position</b>			
<b>Employer</b>			
<i>Permission for the QSVN committee to release personal and /or employment contact details ONLY to ANZSVN for membership purposes</i>			
<i>Please circle <b>YES/NO</b></i>			
<b>Applicant's signature</b>		<b>Date</b>	

**\$60 new membership**

**\$50 annual renewal**

*Please indicate payment type*

- Enclosed cheque/money order: (payable to Queensland Society for Vascular Nursing)
- Direct deposit into QSVN account (Bank of Queensland)

BSB: 124-040

Account Number: 21694294

Post to:

QSVN Membership

47 Weedon Street East, Mackenzie. 4156

*Receipt will be emailed to your nominated email address*

Email: Theresa\_O'Keefe@health.qld.gov.au or theresaok@yahoo.com

<b>OFFICE USE ONLY</b>			
Secretary : _/_/_	Treasurer : _/_/_	Mailing List : _/_/_	Receipt #