

MEMBERSHIP APPLICATION



Australian and New Zealand
Society for Vascular Nursing

Postal Address: PO Box 199, Woodville, SA 5011

Email: sasvnursing@gmail.com

ABN: 24 955 448 582

Member Contact Details

* REQUIRED information

The information provided on this form will be used to maintain the ANZSVN and local chapter membership database for notification of upcoming education and discounted registration as applicable

*First Name:	
*Surname:	
*Position Title:	
*Employer:	
*Preferred Mail Address:	
*State: [tick box]	<input type="checkbox"/> QLD <input type="checkbox"/> NSW <input type="checkbox"/> ACT <input type="checkbox"/> VIC <input type="checkbox"/> NT <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> WA
*Preferred Email:	
Other Email:	
Work Phone:	
Mobile:	

Remittance Advice

NEW Membership	\$60.00	RENEWAL Membership	\$50.00
NEW Associate Membership	\$40.00	RENEWAL Associate Membership	\$30.00

Membership renewal is due on 28th February annually

New members joining on or after 31th August will pay 50% of the current set fee at renewal

Payment Options

Direct Deposit

[preferred option]

P Pay and post /email / fax membership form (as per below)

BANK SA BSB: 065 139 Account No: 10378364

Please ensure surname recorded for receipt / newsletter to be actioned

Cheque / Money Order

Return form via post with relevant payment

Return COMPLETED FORM via

- Fax: Attention ANZSVN and fax to 08 8222 6742 or
- Scan and Email: sasvnursing@gmail.com or
- Post: ANZSVN Treasurer PO Box 199, Woodville, SA 5011

If you have any questions please contact ANZSVN Treasurer at sasvnursing@gmail.com

