

SASVN MEMBERSHIP APPLICATION

Email: sasvnursing@gmail.com

ABN: 33 002 935 256



Member Contact Details

* REQUIRED information

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

| | |
|---------------------------|--|
| *First Name: | |
| *Surname: | |
| *Position Title: | |
| *Employer: | |
| *Email Address: | |
| Work Phone: | |
| Mobile: | |
| Referred by SASVN Member: | |

Remittance Advice

| | | | |
|---------------------------------|---------|--------------------------------|---------|
| NEW Membership Subscription | \$60.00 | NEW Associate Subscription | \$30.00 |
| RENEWAL Membership Subscription | \$50.00 | RENEWAL Associate Subscription | \$25.00 |

Due on 28th February or within 3 months annually

Payment Options

Direct Deposit

[preferred option]

Pay online into BANK SA – SASVN Cheque Account

BSB: 105 138 Account No: 029257840

Please ensure surname indicated for identification purposes

Return COMPLETED FORM via

- Scan and Email: sasvnursing@gmail.com

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

