



MEMBERSHIP APPLICATION or Renewal

DATE:

NAME:

MAILING ADDRESS:

..... POST CODE

CONTACT DETAILS:

*PHONE: MOBILE:

*EMAIL:

WORKPLACE:

POSITION:

PERIOD FOR MEMBERSHIP: **July 2019 to June 31st 2020**

*PAYMENT DETAILS (PLEASE CIRCLE): CHEQUE / EFT / CASH

**COMPULSORY FIELDS TO BE COMPLETED*

MEMBERSHIP FEE: \$100

PLEASE MAKE CHEQUE OR MONEY ORDER TO:
Day Surgery Nurses Association of South Australia
Post to: Day Surgery Nurses Association of South Australia
PO BOX 596
BLACKWOOD SA 5051

CIRCLE FORM OF PAYMENT AND RETURN IT TO THE ADDRESS ABOVE,
ENSURE YOUR FULL NAME IS QUOTED WITH BANKING PAYMENTS.

OUR BANKING DETAILS ARE AS FOLLOWS:
Day Surgery Nurses Association of South Australia Incorporated
BEYOND BANK: **BSB 325 185**
ACCOUNT NUMBER 03614730

Enquiries to: dsnasa_treasurer@adsna.info
TAX INVOICE AND RECEIPT WILL BE FORWARDED TO YOUR EMAIL ADDRESS IF PROVIDED,
OTHERWISE WILL BE POSTED.
WE ARE GST EXEMPT.