



AUSTRALASIAN TRAUMA SOCIETY (INC)

ABN 35 665 490 453

www.atsoc.com.au and www.atsoc.co.nz Email: Bernadette.Mitchell@health.sa.gov.au

Correspondence to: **Membership Secretary** **OR Fax +61 8 8222 2206**
Australasian Trauma Society (Inc)
PO Box 2069
Magill North SA 5072
AUSTRALIA

APPLICATION FOR MEMBERSHIP Rule 4(1)

I.....
(Full name of Applicant)

of.....
(Full address of Applicant)

.....
(Position/Occupation)

Work Ph.....MobileFax.....E-mail.....

Home Ph.....Mobile.....Fax.....E-mail.....

Hereby apply to join as an ordinary/associate (please delete one) member of the above named Incorporated Society. In the event of my admission as a member, I agree to be bound by the rules of the Society for the time being in force.

Signature of applicant..... Date.....

Membership Fees – including GST – Please circle type of membership required

Tax invoice

(1st July to 30th June)

Membership fees are due on or before the 1st July of each year.

Joining Fee (once only)

Annual Fee

Ordinary & Associate Members \$22.00 Aus

Ordinary Members \$88.00 Aus

Associate Members \$55.00 Aus

Payment can be by cheque made out to the Australasian Trauma Society (Inc.) or by Mastercard, Bankcard, Visa or Money Order.

Credit Card Payment Options

Fill in this section if you wish to take advantage of paying by your credit card for membership fees.

Bankcard

Mastercard

Visa

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Cardholder Name: _____ Total Amount _____

Expiry Date: ____/____/____ Signature: _____ Date: _____

Office Use Only:

ID NO: _____ **RECEIPT NO:** _____ **AMOUNT:** _____ **DATE:** _____