



Association Membership Application

2016 –2017

I wish to apply for membership to the above organisation.
If accepted I agree to abide by the rules of the Association.

Signed:		Date:	
Name:			
Address:			
Suburb:		Postcode:	
Phone No.:			
Email:			

Would you like to receive our newsletter via Email or Post ? (please tick)

Subscription: \$15

Payment options

By cheque or money order made out to:

Women's Health Tasmania PO Box 248 North Hobart 7002

Or by electronic transfer to:

Women's Health Tasmania BSB No. 017-010 Account No. 448907321

If paying by electronic transfer please put your name in the message reference.

Please note here the:

Electronic Receipt No.:		Date Paid:	
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Office use only:

Subscription paid

Receipt No. _____

Added to Newsletter Email List

Added to Newsletter Mailing List

Added to Membership database