



## ANNUAL MEMBERSHIP

1.10.2007 – 31.10.2008

<b>Given Names</b>		<b>Title</b>	<b>Surname</b>
<b>Number</b>	<b>Street</b>	<b>Suburb</b>	<b>Post Code</b>
<b>Email address</b>		<b>Phone No.</b>	

### Interest in the Group

<b>Five Year</b>	<b>\$100</b>	<input type="checkbox"/>
<b>Family Membership</b>	<b>\$50</b>	<input type="checkbox"/>
<b>Annual Membership</b>	<b>\$20*</b>	<input type="checkbox"/>
<b>Pensioner/Student</b>	<b>\$10*</b>	<input type="checkbox"/>
Nurse Concession		

Please update your details if & when they change.

We would like to use email as a means of communicating with you. If you are agreeable to receive information or news letters by email please tick the box.

Please contact me by my mailing address

**Payment can be made by:**

**Cheque**

**Money Order**

**Cash**