



AUSTRALIAN VIETNAMESE HEALTH PROFESSIONALS ASSOCIATION in NSW Inc.

Email: avhpanswemail@gmail.com . Website: www.avhpa.org.au

ABN 45 361 560 677

New / Renewal Membership Application

(PLEASE PRINT)

Title:	Surname :	Given Name(s) :
Mailing Address : CME)		Business address: (Professional register & CME)
Mobile:		Email :
I would like to receive: <input type="checkbox"/> announcement emails only <input type="checkbox"/> all emails from forum		
<input type="checkbox"/> I give permission for my details to be included in the association's professional register & CME		
Occupation (please tick) :		
<input type="checkbox"/> GP	<input type="checkbox"/> Medical Specialist	<input type="checkbox"/> Hospital Doctor
<input type="checkbox"/> Dentist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Nurse	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Student, course _____

Membership Options:

Ordinary member (Annual dinner included)

- \$200.00 **1 year** membership \$540.00 **3 year** membership
 \$3000.00 **Life member**

Ordinary member (Annual dinner not included)

- \$75.00 **1 year** membership \$210.00 **3 year** membership
 Free membership for **Health-related Student Members** (Annual dinner not included)

I am paying by Cheque Credit card Bank Transfer

Credit Card Payment:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Card:		
Card Number:		
Expiry Date: ___/___	Amount: \$	
Signed :	Date :	

Bank Transfer payments to: AVHPA NSW Westpac Account BSB: 032078 Account number: 801242

Please return this form via
 fax: 0280796637
 email: avhpanswemail@gmail.com