



# RHEUMATOLOGY HEALTH PROFESSIONALS ASSOCIATION

ABN: 57 936 325 688

**RHPA Membership Application Form** (June 2008)

Payment must be tendered to RHPA National Executive with this application - <b>Membership expires 30<sup>th</sup> June each year.</b>		
<b>Member ID No.</b>	<b>For office use Only.</b>	<b>Membership Type:</b> <b>Full membership - \$80</b> <b>Associate membership</b> <ul style="list-style-type: none"> <li>▪ Non health professionals - \$80</li> <li>▪ Student membership - \$40</li> </ul> GST is not applicable to membership
<b>Payment Method: Cheque/ Money Order/ EFTPOS (internet) or directly into a branch of The National Australia Bank,</b> <b>Account Name: Rheumatology Health Professionals Association</b> <b>Bank details: BSB 086 461.</b> <b>Account number: 458998511</b>		<i>If paying by EFTPOS or directly into the bank account <u>please inform</u> the treasurer by email or on the application form. Please, also remember to put your name in the payment description line.</i>
<b>Preferred Title</b>	<b>First Name</b>	<b>Last Name</b>
<b>Preferred Address</b>		<b>Preferred Phone No.</b>
<b>State/Territory</b>		<b>Fax No</b>
<b>Post Code</b>	<b>Country</b>	<b>Preferred Email Address</b> <i>Please print clearly in the correct case</i>
<b>Do you give consent to have your details to be included in the Member Directory (hard copy)?</b> <b>YES/NO</b>  <i>Fees must be paid prior to 31 July If you wish to be included in the directory.</i>		<b>Discipline (for Directory)</b>
<b>Details for Members Directory</b> <b>Workplace address:</b>		<b>Phone number for directory</b>  <b>Email address for directory</b>

**NOTE**

Please notify the RHPA National Executive and/or your State representative if you change your details and/or mailing address during the membership period.

**MAIL TO:**

Jann Anderssen  
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 WINDSOR QLD 4030

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 Tel no: (07) 3857 4200