



# RHEUMATOLOGY HEALTH PROFESSIONALS ASSOCIATION

ABN: 57 936 325 688

**RHPA Membership Application/Renewal Form** (May 2010)

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, Account Name: Rheumatology Health Professionals Association Bank details: BSB 086 461. 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>
<b>Do you give consent to have your details to be included in the Member Directory (hard copy)? YES/NO</b>		<b>Discipline (for Directory)</b>
		<b>Formal Qualification</b>
<b>Details for Members Directory</b> <b>Workplace address:</b>		<b>Phone number for directory</b>  <b>Email address for directory</b>

**MAIL TO:**

Jann Anderssen  
 Membership Rep.  
 PO Box 2120  
 WINDSOR QLD 4030

email address: [jann@arthritis.org.au](mailto:jann@arthritis.org.au)  
 Tel no: (07) 3857 4200 Fax: (07) 3857 4099

**NOTE**

**Please notify the above address if you change your details and/or mailing address**