

**South Australian Urological Nurses Society Inc ABN 33 978 181 926**

Please complete all sections of the following membership form and send to the Treasurer of SAUNS.

**SAUNS MEMBERSHIP FORM**

**NAME:**

Surname: ..... Given name:.....

Name of workplace: .....

Position:.....

**MAILING ADDRESS:**

Street; .....

Suburb:..... Post Code:.....

This is my workplace address       This is my home address

**PHONENUMBER** (*Business hours*):.....

**EMAIL ADDRESS:**.....

Do you wish to be on the mailing list to receive relevant material via email       Yes    No

**MEMBERSHIP:** Membership year July 1<sup>st</sup> to June 30<sup>th</sup>      **Membership Fee: \$ 50.00**

**Please note: If new membership begins after April 1<sup>st</sup> the fee will automatically cover the following financial year. Renewals received after September 1<sup>st</sup> will incur a late fee of \$10.00**

**TYPE OF MEMBERSHIP:**

New       Renewel

**MEMBERSHIP CATEGORY:**

Full       Associate (a company representative)

**MEMBERSHIP DESCRIPTION:**

Acute     Country     Community     Aged Care     Company Rep

**PAYMENT DETAILS:**

Method of Payment:  Cheque/money order       Cash       Electronic transfer

**SAUNS details for EFT: BSB No. 035-0444    Account No. 14-7282    Bank: Westpac**

(Please attach internet banking receipt if paid by EFT)

Please allow at least 28 days for your membership to be processed

Date received \_\_\_\_\_ Receipt sent \_\_\_\_\_ Membership no. \_\_\_\_\_

✂ .....

**MEMBERSHIP RECEIPT**

Received from:

the sum of.....dollars for annual membership of the Urological Nurse of South Australia Inc.

The membership expires in June 20.....

SAUNS Treasurer..... Date: .....

