



Membership Application

Environmental Health Australia (New South Wales) Incorporated
Individual
Financial Year 2011-2012
TAX INVOICE

ABN: 26 611 902 891

Title: _____ First Name: _____

Surname: _____

Postal Address: _____

_____ State: _____ Postcode _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Date of Birth: _____

Employment Details

Position Title: _____

Organisation: _____

Membership Details

(See *Guide – Membership Classes* for details on eligibility and benefits of each membership class)
 Members joining during the year are entitled to pro-rata subscription fees.

	Membership Class	Membership Fee	Part-time Option*
<input type="checkbox"/>	Member	\$320 (early bird by 31st July \$295)	\$192
<input type="checkbox"/>	Fellow	\$320 (early bird by 31st July \$295)	\$192
<input type="checkbox"/>	Associate Member	\$320 (early bird by 31st July \$295)	\$192
<input type="checkbox"/>	Graduate Member	\$160 (early bird by 31st July \$147.50)	
<input type="checkbox"/>	Student Member	No fee	
<input type="checkbox"/>	Retired	No fee	
<input type="checkbox"/>	Temporary Inactive	No fee Please read <i>Guide – Membership Classes</i>	

**Please provide document from employer stating part-time status*

Qualification(s) ** (Please provide copies)

Qualification: _____ Year: _____

University: _____

Qualification: _____ Year: _____

University: _____

Qualification: _____ Year: _____

University: _____

Current Students

Course being undertaken: _____

University: _____

Expected date of completion of your course: _____ ****Attach Enrolment Evidence**

Mail with Copies to

Margaret Hind
Executive Officer
EHA (NSW) INC
PO Box 2222
FORTITUDE VALLEY BC QLD 4006

Email to: nsw@eh.org.au

☎ 02 9181 3320

☎ 07 3854 1113

Payment Details:

Amount Due: \$ _____

Please note that due to changes in the organisational structure of EHA and the low uptake, the direct debit option is no longer available.

Cheque: Please make payable to
"Environmental Health Australia (New South Wales) Incorporated"

Credit Card: Please debit the following card for the nominated total:

Visa **Mastercard**

Card Number: _____ CNN _____

Expiry Date: _____

Card Holder's name: _____

Signature: _____

Applicant's Signature

I agree to be bound by the Constitution of Environmental Health Australia (New South Wales) Incorporated at all times. I certify the details provided by me are true and correct.

Applicant's Signature: _____ Date: _____

Special Interest Areas

- | | |
|--|---|
| <input type="checkbox"/> Disease Control | <input type="checkbox"/> Catchment Management |
| <input type="checkbox"/> Disaster Management | <input type="checkbox"/> Health Promotion |
| <input type="checkbox"/> Environmental Management | <input type="checkbox"/> Health Legislation |
| <input type="checkbox"/> Food Safety Management | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Healthy Settings | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Indigenous Environmental Health | |

