



# International Membership Application

**TAX INVOICE****ABN: 58 000 031 998**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Email: \_\_\_\_\_ Country: \_\_\_\_\_

**Qualification(s) \*\* (Please provide copies)**

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

University: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

University: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

University: \_\_\_\_\_

**Payment Details: Amount Due: \$ 100 (AUD)**☐ **Direct Debit:** Account name: *Environmental Health Australia*

Bank: Bendigo Bank (111 Racecourse Rd, Ascot, QLD, 4007)

BSB: 633-000 Acct #: 127 431 054

SWIFT CODE: BENDAU3B

*Please use your name as a reference*☐ **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 terms and conditions of membership as outlined on the eh.org.au website. I certify the details provided by me are true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact details:** Donna Thompson, National Executive Officer, [national@eh.org.au](mailto:national@eh.org.au) or +61 448 606 002

**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"/> Aboriginal and Torres Strait Islander<br>Environmental Health |   |



**We Protect People From Hazards In Their  
Environment!**

