

Continence Foundation of Australia



Membership Renewal Notice 2010-2011

Tax Invoice / Receipt

ABN 84 007 325 313

*If you have paid your membership after 1 April 2010, your membership has been rolled over automatically for the 2010-2011 membership year.

Name:

Address:

Suburb:

State:

Postcode:

Membership Number:

QTY	DESCRIPTION	AMOUNT PAYABLE (incl. GST)
1	Membership -	\$

*Please retain the top part of this invoice as your tax receipt, complete and return the bottom section together with your payment



MEMBERSHIP BENEFITS	Select your preferred format:
Bridge magazine	Electronic <input type="checkbox"/> Hardcopy <input type="checkbox"/> Both <input type="checkbox"/> Not required <input type="checkbox"/>
ANZ Continence Journal	Hardcopy <input type="checkbox"/> Not required <input type="checkbox"/>
Annual report	Electronic <input type="checkbox"/> Hardcopy <input type="checkbox"/> Both <input type="checkbox"/> Not required <input type="checkbox"/>
General membership correspondence	Electronic <input type="checkbox"/> Hardcopy <input type="checkbox"/> Both <input type="checkbox"/> Not required <input type="checkbox"/>
Other benefits include:	
<ul style="list-style-type: none"> - discount registration to the annual National Conference on Incontinence - eligibility for the National Continence Scholarship Program valued up to \$2000 - information resources for individuals, carers and professionals - Every Body's Business education forums - National Continence Helpline 1800 33 00 66 telephone advisory service Mon to Fri, 8.00am-8.00pm AEST 	
Your other professional memberships?	APA <input type="checkbox"/> APNA <input type="checkbox"/> ANC <input type="checkbox"/> RACGP <input type="checkbox"/> RCNA <input type="checkbox"/> Other _____

CONTACT DETAILS	(please update if details incorrect)
Mbr no: Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	Profession:
Name:	Telephone no: (w) ()
Address:	Telephone no: (h) ()
Suburb:	Mobile no:
State: Postcode:	
Organisation:	Email address:
Position:	Website:
MEMBERSHIP FEE THAT YOU ARE PAYING (incl. GST)	\$

Payment Options:

VISA MASTERCARD EFT CHEQUE

EFT: Continenence Foundation of Australia, ANZ Banking Group Ltd, BSB number: 013-374, Account number: 3034 31254
Payment Reference: **[your membership number]** and **[your last name]**
Remittance advice to be forwarded to membership@continenence.org.au or faxed to (03) 9347 2533
C/- Membership Officer

CHEQUE: Made payable to Continenence Foundation of Australia.
Send to L1, 30-32 Sydney Rd, Brunswick VIC 3056 C/- Membership Officer

CREDIT CARD:

Credit Card Number:

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Card Expiry date: _____/_____

Cardholder's name: _____ Signature: _____

