

Membership Application Form

ABN 84 007 325 313

MEMBERSHIP	DESCRIPTION	FEE (inc. GST)
Individual	Client, carer, retired health professional - quarterly copy of Bridge	\$ 30.00
Student/yr	Medical, nursing, allied health, health promotion, health administration - quarterly copy of Bridge and 1 copy quarterly ANZC Journal	\$ 40.00
Library	Community/public, hospital, university -quarterly copy of Bridge and 1 copy ANZC Journal	\$ 40.00
Professional	Medical, nursing, allied health, health promotion, health administration – quarterly copy of Bridge and 1 copy quarterly ANZC Journal	\$ 75.00
Organisation	Aged care facility, community health centre, general practice, government body, hospital, peak body, professional body, university – quarterly copy of Bridge and up to 4 copies of quarterly ANZC Journal	\$ 295.00
Corporate	Continence product supplier, continence product manufacturer, private clinic, registered training organisation –quarterly copy of Bridge and up to 4 copies of quarterly ANZC Journal	\$ 295.00

MEMBERSHIP BENEFITS	Select your preferred format:
Bridge magazine	Electronic <input type="checkbox"/> Hardcopy <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"/> Not required <input type="checkbox"/>
General membership correspondence	Electronic <input type="checkbox"/> Hardcopy <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 _____
How did you hear about us?	

CONTACT DETAILS	
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) ►	\$ *select amount from fee table above

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 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: _____