



NALAG membership renewal 2010

ABN 51 905 796 173

www.nalagvic.org.au

TAX INVOICE

▶ Please retain a copy of your completed renewal form for tax purposes ◀

1. Print or type your name, address & contact information: *required information

*SURNAME/NAME OF ORGANISATION FIRST NAME INITIAL

*Address line 1

Address line 2

*City/suburb *Postal code

*Phone Fax *E-mail

Preferred title

2. Select your membership status:

- NALAG clinical member**\$150
(Please complete the enclosed NALAG accreditation statement)
- Professional member***\$100
*(*New members: please complete section 3)*
- Member / Concession***\$60 / \$30
*(*Health card holders earn concession rate)*
- Organisation (large)**\$170
(Annual revenue more than \$100,000)
- Organisation (other)**\$90
(Annual revenue less than \$100,000)
- Donation – please support NALAG ... \$** _____

TOTAL (includes GST) \$ _____

3. New professional member qualifications

(This requirement applies to new applications for professional membership. Renewing professional members are not required to provide evidence of qualifications.)

1. _____
2. _____
3. _____
4. _____

4. Declaration:

I declare that the above information provided by me is true and correct.

_____ Date: _____

5. I agree that I will abide by the NALAG code of ethics and practice standards:

Signature of member: _____ Date: _____

6. Send ① completed renewal form and ② cheque, credit card or bank transfer details to:

Cathy Prescott
GPO Box 654
Melbourne Vic 3001

Phone 03 9329 4003
Fax: 03 9329 4005
Freecall Country Vic 1800 100 023
email: info@nalagvic.org.au

Bank transfer:

Bendigo Bank BSB 633 000
Account Number: 124729807

- Visa
- MasterCard
- Cheque to "NALAG (Vic)"

Card number: _____ Expiry date: _____ / _____

Name as shown on card: _____ :

Authorised signature: _____