



NALAG membership renewal 2010/2011

ABN 51 905 796 173

www.nalagvic.org.au

TAX INVOICE

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

Payment due November 1 2010

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

*SURNAME FIRST NAME INITIAL

*Address line 1

Address line 2

*City/suburb *Postal code

*Phone Fax *E-mail

Preferred title

2. membership status:

- NALAG clinical member** \$160
(Please complete the enclosed NALAG accreditation statement)
- Donation – please support NALAG** ... \$ _____
- TOTAL (includes GST)** \$ _____

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

Signature of member: _____ Date: _____

4. Complete clinical member statement

5. Send ① completed renewal form, clinical member statement 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: _____