



# RHEUMATOLOGY HEALTH PROFESSIONALS ASSOCIATION

ABN: 57 936 325 688

**RHPA Membership Application/Renewal Form** (June 2014)

Payment must be tendered to RHPA National Executive with this application - <b>Membership expires 30</b>		
<b>Member ID No. (If known)</b>	<b>For office use Only.</b>	<b>Membership Type:</b> <b>Full membership - \$80</b> <b>Associate membership</b> <ul style="list-style-type: none"> <li>▪ Non health professionals - \$80</li> <li>▪ Student membership - \$40</li> </ul> GST is not applicable to membership
<b>Payment Method: Cheque/ Money Order/ EFTPOS (internet) or directly into a branch of The National Australia Bank, Account Name: Rheumatology Health Professionals Association Bank details: BSB 086 461. Account number: 458998511</b>		<i>If paying by EFTPOS or directly into the bank account please inform the membership rep. by email or on the application form. Please, also remember to put your name in the payment description line.</i>
<b>Preferred Title</b>	<b>First Name</b>	<b>Last Name</b>
<b>Preferred Address</b>		<b>Preferred Phone No.</b>
<b>State/Territory</b>		<b>Fax No</b>
<b>Post Code</b>	<b>Preferred Email Address</b>	
I would like to join Ankylosing Spondylitis Special Interest Group (ASSIG) <b>YES/NO</b> <i>There is no additional charge</i>		
I would like to receive a membership certificate <b>YES/NO</b>		
<b>Do you give consent to have your details to be included in the Member Directory YES/NO</b>		<b>Discipline (for Directory)</b>
<b>Details for Members Directory Workplace address:</b>		<b>Formal Qualification</b>
<b>Workplace address:</b>		<b>Phone number for directory</b>  <b>Email address for directory</b>

**MAIL TO: Membership Rep**  
**Jann Anderssen**  
**20 Aston Street**  
**Toowong QLD 4066**

**email:**  
**membership@ausrhpa.com**