



RHEUMATOLOGY HEALTH PROFESSIONALS ASSOCIATION

ABN: 57 936 325 688

RHPA Membership Renewal Form

Payment must be tendered to RHPA National Executive with this application -
Membership expires 30th June each year.

Member ID No. (if known) Date of application:	<i>For office use only.</i>	Membership Type (please circle): Full membership - \$80 Associate membership <ul style="list-style-type: none">• Non health professionals - \$80• Student membership - \$40 <i>GST is not applicable to membership</i>
Payment Method EFT: Account Name: Rheumatology Health Professionals Association BSB: 086 461. Account number: 458998511		<i>Please complete this form and email to: rhp@rheumatology.com.au or post to the address below. When transferring funds, please remember to put your name in the payment description line.</i>
Preferred Title:	First Name:	Last Name:
Preferred Address:		Preferred Phone No:
		Fax No:
I would like to join the Ankylosing Spondylitis Special Interest Group (ASSIG) YES / NO <i>There is no additional charge</i>		Preferred Email Address:
		Discipline (for Directory):
Do you give consent to have your details to be included in the Member Directory (hard copy)? YES / NO		Formal Qualification:
Details for Members Directory: Workplace address <i>(if different from above):</i>		Current Role:
		Place of work (including whether private or public)
Email address for directory:		Phone number for directory:

MAIL TO:

RHPA Memberships
c/- ARA
145 Macquarie Street
Sydney NSW 2000

Email: rhp@rheumatology.org.au
Tel: 02 9252 2356
Fax: 02 9252 2328