



MEMBERSHIP APPLICATION FORM

TITLE _____ FAMILY NAME _____ MALE FEMALE

GIVEN NAMES _____ KNOWN AS _____

PRACTICE NAME _____

PRACTICE STREET ADDRESS _____

TOWN/SUBURB _____ STATE _____ POSTCODE _____

PRACTICE POSTAL ADDRESS (if different to above) _____

TOWN/SUBURB _____ STATE _____ POSTCODE _____

PHONE _____ FAX _____ MOBILE _____

EMAIL _____

Please advise which category of Membership is sought:

FULL MEMBER (inc Fellows) \$295 (inc GST) **ASSOCIATE** \$147.50 (inc GST) **AFFILIATE** \$147.50 (inc GST)

Medical Practitioners only: QA&CPD No _____ ACRRM No _____

Practice Nurses only: QA&CPD No _____

Practice Managers only: CPD No _____

Full Members Only: The College rules require applicants to be proposed by a current financial member of the college

Proposed by: _____

If you are unable to provide a "Proposer" please leave the above blank and we will contact you for further information.

YES NO I would like a **Membership Certificate**.

YES NO I am happy to receive advertising information from trade companies who supply skin cancer related products and/or services and to receive information concerning upcoming educational opportunities and events.

Payment Options:

1. CHEQUE or MONEY ORDER payable to the *Skin Cancer College of Australia & New Zealand*

2. DIRECT DEPOSIT to the: **SCCANZ NAB Bank Account** **BSB: 084 004** **Account: 89 229 4920**

If using this option please quote your surname and initial – EFT transfers without reference details will cause a delay in processing of your membership application

3. CREDIT CARD: Please tick:  

CREDIT CARD NUMBER / / / EXPIRY /

CARD HOLDERS NAME (as shown on card) _____

CARD HOLDER'S SIGNATURE _____ DATE / /

Please return this form, required documentation and your payment or internet banking receipt to:

Post: **Membership – SCCANZ: Suite 6, 2081 Moggill Rd, Kenmore QLD 4069** or Fax: **07 3878 2405** or Email: **admin@sccanz.com.au**

Queries regarding payment or bank details can be directed to our Administration via email **admin@sccanz.com.au** or by calling **07 3363 1606**