



P O Box 4022
Balwyn Vic 3103
ABN 17 135 478 465

Application for Membership

I wish to apply for: Ordinary Membership Associate Membership

Proposer:

Membership Details (please print)

Title: First Name: Last Name:

Postal Address:

.....

.....

Phone(w): Phone(h):

Phone(mob): Email:

Speciality: (ordinary membership)

Profession: (associate membership)

Membership Payment Details

Annual Membership Fee:	Ordinary membership	AUS \$ 100
	Associate membership	AUS \$ 75

If paying by cheque please complete this form and post with cheque to: ANZVS, P O Box 4022, Balwyn, Vic, 3103. Enquiries: 03 9899 1686

Please make cheques payable to: Australian and New Zealand Vulvovaginal Society

If paying by credit card please complete and fax to (61) 3 9890 2353.

Name of Cardholder:..... Expiry Date: ____ / ____

Signature:.....

Mastercard Visa

Card No: _____