

RSA Membership Form

Name _____ **Membership Number** _____

Postal Address _____

State _____ **Country** _____ **Postcode** _____ **Phone (H/mob)** _____ **(W)** _____

E-mail Address(print clearly) _____

Position Held (Mandatory) _____

Workplace (Mandatory) _____

All Payments must be made in Australian Dollars Only. International Members must pay by credit card.

RSA Membership Fees 1st July - 30th June (GST inclusive where applicable)		Australian members	International (Including NZ)
Individual Membership	1 year	\$ 85.00	AUS\$ 77.27
	2 years	\$153.00	AUS\$139.09
	3 years	\$216.75	AUS\$197.05
Corporate Membership (Entitles two nominees but only one vote at meetings.)		Per year	\$170.00 AUS\$154.55

- Payment Options**
- * **Online** – via the RSA website www.renalsociety.org
 - * **Cheque or Postal Order** – made payable to ‘**RSA Federal Executive**’
 - * **Credit Card** – Mastercard or Visa only – complete details below.

Type of card (Please Tick) MasterCard Visa.....

Card owner name.....

Card number ____ / ____ / ____ / ____ Expiry date/.....

Card owner’s signature.....

I wish to: (please circle) **renew**

join 1 year

2 years

3 years

IF YOU REQUIRE A RECEIPT PLEASE ENCLOSE A STAMPED, SELF ADDRESSED ENVELOPE WITH THIS FORM. PLEASE EMAIL rsafinance@renalsociety.org IF YOU WISH TO RECEIVE A RECEIPT ELECTRONICALLY

Post completed form with payment to: **RSA Financial Officer**
PO Box 565
Albany Creek
QLD, Australia, 4035.

OFFICE USE ONLY
Received.....
Processed.....
CHQ banked.....
Ccard payment approved.....
Transaction ID.....
Amount.....

If you wish to check your membership status, logon to the website: www.renalsociety.org members only area.

Privacy Act
The information you give on this form is used only by the RSA to mail newsletters, the diary and other memoranda. The information is recorded electronically by the RSA Board of Directors and sent to your RSA Branch. The information is not given or sold to any other organization.