



Application for Membership

Membership is open by subscription to all with a professional interest in sexual health. All new members need to be approved by the committee. Annual membership runs from July to June and subscriptions are due by the end of June each year.

Personal Details (*please print*) Please use the name and address as you wish it to appear on your postal mail and very importantly
- **Please include your current email address**

Title: First Name:
Last Name:
Organisation:
Address:
Town/Suburb:
State/Country: Post code:.....
Tel: Fax:
Email:

Payment (*tick as appropriate*)

- Cheque for \$35.00 made payable to the 'Sexual Health Society of Victoria Inc'.
 Cash \$35.00
 Electronic Funds Transfer (EFT)

BSB: 013 400
Account Number: 3133 00215
Account Name : Sexual Health Society of Victoria
Bank : ANZ

Office Use

Proposer:
Signature:
Secunder:
Signature: