**Application for Membership 2022**

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| **MEMBERSHIP TYPES** | **(AUD) Fee** | |
| Individual | $68 |  |
| Fulltime student/pensioner | $31 | –  Please record student or pension number below |
| Household | $87 | –  For 2 people, 1 copy of the publications only |
| Institutional | $108 | –  *Health and History* only |
| Institutional | $120 | –  *Health and History* + hard copy of *Medical History Newsletter* |

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**NEW MEMBER 2022, REMITTANCE ADVICE**

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| ***PAYMENT ONLINE*   (via Trybooking)     You do not need to complete this paper form** | | | | | | | | | | | | | | | | |
|  | | | Go to  <https://www.trybooking.com/BXCAY>  Click: Book Now, choose your membership type, record your details, proceed with payment. Your credit card statement will show this payment as ~Trybooking ANZSHM Membership*.* | | | | | | | | | | | | | |
| ***PAYMENT OFFLINE*   (details posted to ANZSHM)   Complete this form, return with your payment.** | | | | | | | | | | | | | | | | |
|  | **CREDIT CARD** | | Mastercard | | |  | VISA |  | | (AUD) | | | **Amount:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Card number:** | | \_\_ \_\_ \_\_ \_\_   \_\_ \_\_ \_\_ \_\_   \_\_ \_\_ \_\_ \_\_   \_\_ \_\_ \_\_ \_\_ | | | | | | | | **Expiry Date:** | | \_  \_ / \_  \_ | | **CVV:** | \_ \_ \_ |
|  | **Card name:** | | ………………………………………………………………..……………. | | | | | | **Cardholder signature:** | | | | ……………………………………………………… | | | |
|  | **CHEQUE** | | (payable to ANZSHM Inc.) | | | | | | | | | (AUD) | **Amount:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **DONATION** | | | (optional)  *ANZSHM does not hold deductible gift recipient status* | | | | | | | | | (AUD) | **Amount:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | | | | | | | | | (AUD) | **TOTAL:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***MEMBER DETAILS*** | | | | | | | | | | | | | | | | |
| **Title:** | | ………..……… | | **Name:** | …………………………………………………………………………………………………………………………..………………………………………….…. | | | | | | | | | | | |
| **Address:** | | …………………………………………………………………………………………………………………………………………………………………….…………………….……………………………. | | | | | | | | | | | | | | |
| **Country:** | | ………………………………………………………………..……….………………………………………………… | | | | | | | | | | **Post Code:** | | ………………….…………….. | | |
| **Email:** | | ………………………………………………………………………………………………………..…………………. | | | | | | | | | | **Student/Pens. No.:** | | ………….…………………..… | | |
|  | | | | | | | | | | | | | | | | |
| ***MAIL TO:*** | | **ANZSHM Membership Coordinator**  **PO Box 4092**  **University of Melbourne   VIC   3052   Australia** | | | | | | | | | | | | | | |
|  | | * If a receipt is required, please enclose a stamped, self-addressed envelope. * For security reasons, we do not recommend the sending of credit card details by email. | | | | | | | | | | | | | | |