international society of aeromedical services
(australasian chapter)

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Membership Application & Renewal Form

1 July 2010 to 30 June 2011

Tax Invoice

ABN 50 922 305 821

Personal details

title ❍ Miss ❍ Ms ❍ Mrs ❍ Mr ❍ Dr ❍ Other (please state)

family name | **given name**

mailing address

state | **country** | **postcode**

phone (h) | **(w)** | **(m)**

fax | **email**

Professional group

❍ ambulance officer ❍ crew ❍ doctor ❍ engineer ❍ manager ❍ nurse
❍ pilot ❍ other (please state)

aeromedical organisation

retrieval service

hospital

organisation/corporation

Type of membership

❍ private	$AUD50 plus $5 GST =	$55
❍ aeromedical organisation	$AUD300 plus $30 GST =	$330
❍ corporate	$AUD500 plus $50 GST =	$550

❍ I am applying for membership of ISAS (Australasia)

❍ I wish to renew my membership of ISAS (Australasia) (due 1 July annually)

Signature | **Date**

Payment details

❍ Direct Transfer: BSB 032 056; Account No. 292264; Receipt No. _____

❍ Online payment through ISAS website ❍ Cheque attached (payable to ISAS Australia)

❍ Mastercard ❍ Visa

Card number | **Expiry date**

Name on card