



SIG Membership Application Form for Australian Pain Society Members

Name: _____
Title First Name Last Name

Place of Work: _____

Preferred Mailing
Address:

Street

Home

Work

Suburb State Postcode

Phone: Business: (_____) _____
Area Code

Mobile: _____

Email: _____

Membership Fee valid to 31 December 2013:	\$30.00
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Please note: APS membership must be current to join the SIG.
If not current, please contact the APS secretariat or visit the website
at: <http://www.apsoc.org.au>

Paid via: Cheque (payable to the Australian Pain Society)
 Visa / MasterCard

Card Number: _____ - _____ - _____ - _____

Expiry: ____ / ____

Name on card: _____

Signature: _____

Please return completed form and payment to:

APS Secretariat
PO Box 637
North Sydney NSW 2059
E: aps@apsoc.org.au
T: 02 9016 4343, F: 02 9954 0666