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 2012: $30.00

Please note: APS membership must be current to join the SIG.
If not current, please contact the APS secretariat.

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 9954 4400, F: 02 9954 0666