



MEMBERSHIP RENEWAL FORM

Due March 31 annually

email: admin@yoursecretariat.com.au

fax: +61 2 4355 4347

website: www.apsavd.org

Contact details

Name _____	Telephone _____
Job title _____	Cell/Mobile _____
Institution _____	E-mail _____
Address _____	
Country _____	Include details on the APSAVD website Yes <input type="checkbox"/> No <input type="checkbox"/>

Subscription

Please indicate your choice by ticking a box. All payments must be made in Australian dollars. If payment is made by bank transfer, all fees must be paid by the remitter.

- One year AUD \$50.00 (plus 10% GST if Australian)
 Two years AUD \$100.00 (plus 10% GST if Australian)
 Three years AUD \$150.00 (plus 10% GST if Australian)

Payment

Please indicate your choice by ticking a box.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bank cheque or bank draft to Your Secretariat	Please charge this credit card
Direct deposit made on ____/____/____	Card type _____ Expiry _____
Account name: Your Secretariat	Number _____ CVN _____
Bank: St George Bank (SWIFT CODE: SGBLAU2S)	Name _____
Account No: 112879 476210695	Signature _____
Reference: APSAVD – include your surname	Cardholder's email address _____
Any payments made by bank cheque, draft or direct deposit MUST be in Australian dollars. The remitter must pay all fees.	

Member feedback

Please share your thoughts with us. If you have any comments or things you may like see happen in the future with regards to your membership or running of the society, please let us know.

INVOICE/TAX INVOICE

This notice becomes a Invoice on receipt of payment – please keep a copy.

This Invoice has been issued by Your Secretariat on behalf of the APSAVD (ABN 52 255 837 662)

APSAVD Secretariat

E admin@yoursecretariat.com.au
 P +61 2 4356 0007
 F +61 2 4355 4347
 A PO Box 5436, Chittaway Bay, NSW, 2261
 Australia

Office use

Received
 Entered
 Finance
 Confirmation