

Better leadership. Healthier communities.

PO Box 959 Ryde NSW 1680

Tel: 61 2 8753 5100 www.achsm.org.au

MEMBERSHIP PAYMENT FORM

| Name: | |
|--------------------------|--|
| Contact Phone Number: | |
| Organisation | |

| Credit Card: | MasterCard Visa Amex | | | |
|---|--|--|--|--|
| Credit Card | | | | |
| Expiry Date: | Security Code: (Last 3 digits on the back of their card- 4 Digits for Amex) | | | |
| Name of Cardholder: | | | | |
| Please tick the membership category | Associate Fellow Member Student | | | |
| Direct Debit | \$50 One off Joining Fee + Monthly Quarterly Six monthly | | | |
| Email | | | | |

Annual membership fees for the period 1 Apr 2022 - 31 Mar 2023

| | Australia (AUD) + \$50 One Off Joining Fee | New Zealand (AUD) \$50 One Off Joining Fee | International (AUD) \$50 One Off Joining Fee |
|------------------|---|---|---|
| Student | \$88 | \$88 | \$88 |
| Associate Fellow | \$495 | \$415 | \$455 |
| Fellow | \$495 | \$415 | \$455 |
| Member | \$290 | \$290 | \$270 |

Please note the fee is subject to pro-rata and will change depending on the month you join in.