



P O Box 4022  
Balwyn Vic 3103  
ABN 17 135 478 465

**Application for Membership**

I wish to apply for:  Ordinary Membership  Associate Membership

**Proposer:** .....

**Membership Details (please print)**

Title: ..... First Name: ..... Last Name: .....

Postal Address: .....  
.....  
.....

Phone(w): ..... Phone(h): .....

Phone(mob): ..... Email: .....

Speciality: (ordinary membership) .....

Profession: (associate membership) .....

**Membership Payment Details**

<b>Annual Membership Fee:</b>	<b>Ordinary membership</b>	<b>AUS \$ 100</b>
	<b>Associate membership</b>	<b>AUS \$ 75</b>

If paying by cheque please complete this form and post with cheque to: ANZVS, P O Box 4022, Balwyn, Vic, 3103. Enquiries: 03 9899 1686

Please make cheques payable to: Australian and New Zealand Vulvovaginal Society

If paying by credit card please complete and fax to (61) 3 9890 2353.

Name of Cardholder:..... Expiry Date: \_\_\_\_ / \_\_\_\_

Signature:.....

Mastercard  Visa

Card No: \_\_\_\_\_