ANZ Vulvovaginal Society

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ABN 17 135 478 465

Application for Membership

I wish to apply for

Ordinary Membership (Medical Practitioners)	$125.00
Associate Membership (other Health Professionals)	$80.00

CONTACT DETAILS

Title _____ First Name _____ Surname _____

Postal Address _____

_____

Phone (w) _____ Phone (h) _____

Mobile _____ Email _____

Medical Specialty (Ordinary Member) _____

Other Profession (eg Nurse Pracitioner) (Associate Member) _____

PAYMENT

EFT: Account Name: Australia & New Zealand Vulva & Vaginal Society I BSB: 033 178
I Account No. 206285 Please quote your full name.

Charge Credit Card Mastercard Visa

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐ / ☐☐

Cardholder's Name _____ Signature _____

Amount $ _____ $125 (full) / $80 (Assoc)

Please return this form to: ANZVS at admin@anzvs.org or Fax +61 03 9818 2444 or PO Box 2252, Hawthorn VIC 3122