



**AWMA Tasmania**

Formerly known as Tasmanian Wound Care Association

**MEMBERSHIP APPLICATION/RENEWAL FORM 2011/2012**

**MEMBERSHIP IS DUE FOR RENEWAL ON OR BEFORE JULY 1<sup>ST</sup>**

NEW MEMBER

RENEWAL

Surname.....

Given Name.....

Address.....

.....

State..... Post Code.....

Contact number (Work, Mobile or Home) .....

E-Mail.....

Confirm Email .....

**Please ensure your email address is accurate and active.**

Workplace.....

**Membership Type**

FULL \$60.00

ASSOC. \$60.00

CORP. \$100.00   
please email for a tax invoice

I will be paying by  Electronic Funds Transfer

**BSB 807 009 Acct No 1211 8692**

**Reference Your name**

Cheque or postal note to  
TWCA GPO Box 1759 Hobart 7001

Cheques payable to TWCA please

**Post this form to AWMA Tasmania GPO Box 1759 Hobart 7001**