



# Membership Application & Renewal Form

## Australasian Association for Quality in Health Care

New Membership  OR Membership Renewal

|  |   |  |   |    |   |  |
|--|---|--|---|----|---|--|
| <b>Organisation:</b>   |   | <b>Date:</b>   |   |    |   |  |
| <b>Contact Name:</b>   |   |  |   |    |   |  |
| <b>Position Held:</b>  |   |  |   |    |   |  |
| <b>Postal Address:</b>   |   |  |   |    |   |  |
| <b>Suburb:</b>   | <b>State:</b>   | <b>P/C:</b>  | <b>Country:</b>   |    |   |  |
| <b>Telephone (Work):</b>   |   | <b>Telephone (Home):</b>   |   |    |   |  |
| <b>Mobile:</b>   |   | <b>Facsimile:</b>  |   |    |   |  |
| <b>Email:</b> (AAQHC's preferred method of contact)  |   |  |   |    |   |  |
| .....  |   |  |   |    |   |  |
| <input type="checkbox"/> I agree to the addition of my email address to AAQHC email discussion lists   |   |  |   |    |   |  |
| <b>NEW MEMBERS ONLY:</b>   |   |  |   |    |   |  |
| Please nominate a Username & Password for online log-in access: (It is suggested you use your email address as your Username)  |   |  |   |    |   |  |
| <b>Username:</b> .....   |   | <b>Password:</b> .....   |   |    |   |  |
| <b>*Type of Membership:</b>  |   |  |   |    |   |  |
| <b><u>INDIVIDUAL (\$176pa)</u></b>   | <input type="checkbox"/> One Year (\$176)                               | <input type="checkbox"/> **Half Yearly Payment (\$88)<br><i>(See Terms &amp; Conditions below)</i>     |   |    |   |  |
| <b><u>INSTITUTION/ORGANISATION (\$825pa)</u></b>   | <input type="checkbox"/> One Year (\$825)                               | <input type="checkbox"/> **Half Yearly Payment (\$412.50)<br><i>(See Terms &amp; Conditions below)</i> |   |    |   |  |
| <b><u>STUDENT*** (\$100pa)</u></b>   | <input type="checkbox"/> One Year (\$100)                               | <input type="checkbox"/> **Half Yearly Payment (\$50)<br><i>(See Terms &amp; Conditions below)</i>     |   |    |   |  |
| -----  |   |  |   |    |   |  |
| <b>CREDENTIAL:</b>   | <input type="checkbox"/> Application Fee (\$77)                         |  |   |    |   |  |
| Annual Renewal Fee:  | <input type="checkbox"/> Fellow (\$82.50)                               | <input type="checkbox"/> Associate Fellow (\$38.50)  |   |    |   |  |
| <b>TOTAL \$.....</b>   |   |  |   |    |   |  |
| <b>Payment Options: I have made payment by:</b>  |   |  |   |    |   |  |
| <input type="checkbox"/> Credit Card Online – Join online <a href="http://www.aaqhc.org.au">www.aaqhc.org.au</a> <b>OR</b>   |   |  |   |    |   |  |
| <input type="checkbox"/> Credit Card – Fill in your credit card details below and fax to +61 7 5575 7551 or mail to AAQHC, PO Box 5170, Gold Coast MC QLD 9726 Australia <b>OR</b> |   |  |   |    |   |  |
| <input type="checkbox"/> Direct Debit – NAB Adelaide – BSB 085 375 – Account 694 785 796 <b>OR</b>   |   |  |   |    |   |  |
| <input type="checkbox"/> Cheque – Payable to AAQHC - Mail to AAQHC, PO Box 5170, Gold Coast MC, QLD 9726 Australia   |   |  |   |    |   |  |
| -----  |   |  |   |    |   |  |
| Charge my:   | <input type="checkbox"/> Visa   | <input type="checkbox"/> MasterCard  |   |    |   |  |
| Expiry Date:   | ___/___/___   | Card Number:   | ___/___/___/___/___/___   |    |   |  |
| Cardholder's Name:   | .....   |  | Amount: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">\$</td><td style="width: 20px;">.</td><td style="width: 20px;"> </td></tr></table> | \$ | . |  |
| \$   | .   |  |   |    |   |  |
| Signature:   | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |  |   |    |   |  |
| * All fees listed are \$AU and include GST   |   |  |   |    |   |  |
| ** <b>Half Yearly Payment Terms &amp; Conditions:</b> Half yearly payments are due on January 1 and July 1 of each year.   |   |  |   |    |   |  |
| <input type="checkbox"/> I agree that by paying my membership in half yearly instalments I understand that the remaining instalment will be payable when due. (PLEASE TICK BOX)    |   |  |   |    |   |  |
| *** Student Membership only available to full-time students (proof of enrolment required)  |   |  |   |    |   |  |