

Membership Application & Renewal Form

Australasian Association for Quality in Health Care



Australasian Association
for Quality in Health Care

NEW MEMBERSHIP OR MEMBERSHIP RENEWAL

Organisation _____ Date _____

Contact Name _____

Position Held _____

Postal Address _____

Suburb _____ State _____ Postcode _____ Country _____

Telephone (work) _____ Telephone (home) _____

Mobile _____ Facsimile _____

Email (preferred) _____

(AAQHC's preferred method of contact - to ensure external emails are received and not blocked in the workplace)

Email (work) _____

I agree to the addition of my preferred email address to AAQHC email discussion lists

NEW MEMBERS ONLY

Please nominate a Username & Password for online log-in access. (It is suggested you use your email address as your Username)

Username _____ Password _____

TYPE OF MEMBERSHIP*

Individual \$176 pa

One Year (\$176)

Half Yearly Payment** (\$88)

Organisational (\$825 pa)

One Year (\$825)

Half Yearly Payment** (\$412.50)

Student*** (\$100 pa)

One Year (\$100)

Half Yearly Payment** (\$50)

See Terms
and
Conditions
below

CREDENTIAL

Application Fee (\$77)

Annual Renewal Fee

Fellow (\$82.50)

Associate Fellow (\$38.50)

PAYMENT OPTIONS

I have made payment by

Credit Card Online www.aaqhc.org.au **OR**

Credit Card Complete details below and fax or mail to AAQHC **OR**

Direct Debit NAB Adelaide BSB 085 375 Account 694 785 796 **OR**

Cheque Payable to AAQHC and sent via mail to AAQHC

Charge my Visa Mastercard

Card Number _____ / _____ / _____ Expiry Date _____ / _____

Cardholders Name _____ Amount \$ _____

Signature _____

* All fees listed are \$AU and include GST

** **Half yearly Payment Terms and Conditions** Half yearly payments are due on January 1 and July 1 of each year.

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)

Australasian Association for Quality in Health Care

PO Box 5170, Gold Coast MC, QLD 9726 Australia • Phone +61 7 5575 7054 • Fax +61 7 5575 7551
Email aaqhc@aaqhc.org.au • www.aaqhc.org.au

Organisational Nominated Members

Australasian Association for Quality in Health Care



As part of your Organisational Membership, up to 10 of your employees are entitled to the benefits of membership including:

- Access to AAQHC and ISQua newsletters and journals
- Learning programs
- Working tools
- Discounted registration at the annual Australasian Conference on Safety and Quality in Health Care

Would you please complete the following contact details of your nominated employees and fax, mail or email to AAQHC.

Organisation _____

Address _____

Main Contact 1

Name _____

Preferred Email _____

Nominated Employee 2

Name _____

Preferred Email _____

Nominated Employee 3

Name _____

Preferred Email _____

Nominated Employee 4

Name _____

Preferred Email _____

Nominated Employee 5

Name _____

Preferred Email _____

Nominated Employee 6

Name _____

Preferred Email _____

Nominated Employee 7

Name _____

Preferred Email _____

Nominated Employee 8

Name _____

Preferred Email _____

Nominated Employees 9

Name _____

Preferred Email _____

Nominated Employee 10

Name _____

Preferred Email _____

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