

# Membership Application & Renewal Form



**Australasian Association for Quality in Health Care**

**NEW MEMBERSHIP** OR  **MEMBERSHIP RENEWAL**

Contact Name \_\_\_\_\_

Position Held \_\_\_\_\_

Organisation \_\_\_\_\_ Date \_\_\_\_\_

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/other) \_\_\_\_\_

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

## MEMBERSHIP APPLICATION FEE

\$185.00 inc GST per annum

## CREDENTIAL APPLICATION FEE

**Fellow** (\$150 + GST)  **Associate Fellow** (\$100 + GST)

## PAYMENT OPTIONS *(At this time only method of payment is via website)*

**Credit Card Online** [www.aaqhc.org.au](http://www.aaqhc.org.au) **OR**

Charge my Visa/ Mastercard

Card Number: / / / CVV: Expiry Date /

Cardholders Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

- All fees listed are \$AU and include GST

\*\* Student membership only available to full-time undergraduate students (proof of enrolment required)