



APPLICATION FOR MEMBERSHIP / MEMBERSHIP RENEWAL

The Australasian Brachytherapy Group Incorporated (under the *Associations Incorporated Act 1984*)

PERSONAL INFORMATION

TITLE:	FIRST NAME:	SURNAME:
ORGANISATION/DEPARTMENT:		JOB TITLE:
EMAIL ADDRESS:		
BUSINESS ADDRESS:		
STATE:	POSTCODE:	COUNTRY:
PHONE NUMBER:	FAX NUMBER:	MOBILE NUMBER:

PLEASE SELECT:

<input type="checkbox"/> Medical Practitioner	<input type="checkbox"/> Physicist	<input type="checkbox"/> Radiation Therapist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other
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By providing us with your personal information, you acknowledge that such information may be used to enable us to update you with information in relation to the Australasian Brachytherapy Group as appropriate. Member details may also be made available to sponsors and corporate members. If you do not wish your contact details to be given to third parties, please tick the "Privacy Please" box below.

Privacy Please

I hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Date _____ Signature of Applicant _____

Payment Options:

<p>By Cheque or Money Order payable to:</p> <p>The Australasian Brachytherapy Group – Membership Account</p> <p><i>Return with form to the below address.</i></p> <p>By Credit Card:</p> <p>Payments accepted at www.abg.org.au</p>	<p>By Direct Debit to:</p> <p>BSB 062-212 Account 10489501</p> <p>Account Name: The Australasian Brachytherapy Group – Membership Account</p> <p><i>Please insert your name as reference.</i></p>
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Please return this form to:

Key Conference Solutions
Level 1, 120 Railway Avenue
Ringwood East, VIC 3135

Phone: +61 3 9870 2611
Fax: +61 3 9870 1723

Email: events@conferencesolutions.com.au

Fees (including GST)

Full Membership (Annual) \$55 AUD

Full Membership (2 Years) \$100 AUD

Corporate Membership (Annual) \$220 AUD