



AUSTRALIAN RESPIRATORY COUNCIL

Patrons: Her Excellency Professor Marie Bashir AC CVO Governor of NSW
and Sir Nicholas Shehadie AC OBE

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ABN: 11 883 368 767

APPLICATION FOR MEMBERSHIP

I, _____ (full name)

hereby apply for membership of AUSTRALIAN RESPIRATORY COUNCIL:

Personal Details			
Title	First Name	Surname	
Position			
Company/Organisation			
Business Address			
Suburb/Town	State	Postcode	
Home Address			
Suburb/Town	State	Postcode	
Phone			
Home	Work	Mobile	please tick
Email			

Please send correspondence to my business address home address

Specific interest tuberculosis lung health community medicine
 other

Signature _____ Date _____

MEMBERSHIP SUBSCRIPTION: \$50.00
includes GST

*Membership period is from 1 July to 30 June.
Payment for new subscriptions received after
31 March will include membership up to the
end of June the following year.*

Payment details – Choose whether you are paying by

Credit Card, please debit my: Visa Mastercard Amex

Card Number	Expiry Date mm/yy
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Name on Card

Signature

Cheque, Money Order made payable to Australian Respiratory Council

Send payment

Please enclose this form with your cheque or money order and post it to:	Australian Respiratory Council GPO Box 102 Sydney NSW 2001
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Credit card payments can be made by phone or fax: **Phone** 02 9223 3144 **Fax** 02 9223 3044