



RHEUMATOLOGY HEALTH PROFESSIONALS ASSOCIATION

ABN: 57 936 325 688

RHPA Membership Application form

Payment must be tendered to RHPA National Executive with this application - Membership expires 30th June each year Please circle the correct option where appropriate.		
Member ID No.	For office use Only.	Membership Type: Full membership \$60 GST not applicable Associate Membership (Students & non Professionals) \$30 GST not applicable
Payment Method: Cheque/ Money Order/ EFTPOS (internet) or directly into a branch of The National Australia Bank, Account Name: Rheumatology Health Professional Association Bank details: BSB 086 461. Account number: 458998511		<i>If paying by EFTPOS or directly into the bank account please inform the treasurer by email or on the application form.</i>
Preferred Title	First Name	Last Name
Preferred Address		Preferred Phone No.
State/Territory		Fax No
Post Code	Country	Preferred Email Address <i>Please print clearly in the correct case.</i>
Workplace Address (for contact)		Workplace phone No.
Do you give consent to have your details to be included on the Member Directory (hard copy)?		YES/NO

NOTE

Please notify the RHPA National Executive and/or your State representative if you change your details and/or mailing address during the membership period.

MAIL TO:

RHPA Treasurer
 Jane Strange
 PO Box 2120
 WINDSOR QLD 4030

email address: jane@grantcreek.com
 Tel no: (07) 3857 4200