



Occupational Health Society of Australia (WA)

APPLICATION FOR MEMBERSHIP

MEMBER INFORMATION

Title (Mr, Mrs, Ms, Dr etc.)	
First name	
Surname	

CONTACT DETAILS

Postal Address			
Suburb		Postcode	
Phone			
E-Mail			

Please indicate your preferred method to be contacted: Postal address Phone E-mail

Special Interests (for Society Directory)	
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EMPLOYMENT INFORMATION (Only complete if you want Company information to be recorded against your name in the Society Directory and in Society Communications)

Company / Self Employed	
Work Phone	
Work E-Mail	

APPLICATION FOR (indicate membership type / fee option):

- Full Membership (includes *Monitor* newsletter) \$50 - 1 year or \$100 - 3 years
- Corporate Membership (includes *Monitor* newsletter) \$100 - 1 year or \$200 - 3 years
- Student Membership (includes *Monitor* newsletter) \$20 - 1 year or \$40 - 3 years

Tertiary Institution _____ Student Number _____

An invoice for the membership type fee will be issued once the Committee has accepted this application.

AGREEMENT

- I certify that the information provided in this application is correct and I agree to adhere to the Constitution and Code of Ethics of the Society. I also give consent to the Society to collect, use and disclose my personal information in accordance with the National Privacy Principles in matters relating to the Society.

Signature _____ Date _____

CONSENT

- I hereby consent to have my details displayed in the Society's directory.

Signature _____ Date _____

ABN: 83 170 105830

The Secretary OHSWA, PO Box 6107 East Perth WA 6892 | E-mail: ohswa@outlook.com.au | Website: www.ohsociety.com.au

The OHSWA is a non-profit representative body providing expert advice to Government at all levels and support to OHS professionals.