

# Occupational Health Society of Australia (WA) APPLICATION FOR MEMBERSHIP

### MEMBER INFORMATION

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

### PREFERRED MAILING DETAILS

Address			
Suburb		Postcode	
Home Phone	Mobile		
E-Mail			
Special interests (for Society Directory)			

# EMPLOYMENT INFORMATION – Only complete if you wish company to be recorded against your name

Company/Self Employed	
Work Phone	
E-Mail	

### **APPLICATION FOR:**

- □ Full Membership \$50 (includes *Monitor* newsletter)
- Corporate Membership \$100 (includes *Monitor* newsletter)
- Student Membership \$20 (Includes *Monitor* newsletter). Student Number:\_\_\_\_\_

An invoice 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 Association. 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	Date	
The Secretary OHSWA, 639 Mur	ray St, West Perth, WA 6005	E-mail: <u>ohswa@outlook.com.au</u>	Website: www.ohsociety.com.au	

ABN: 83 170 105830

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