



# 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 \_\_\_\_\_