



# Occupational Health Society of Australia (WA)

## APPLICATION FOR MEMBERSHIP

### MEMBER INFORMATION

Title (Mr, Mrs, Ms, Dr etc)	
Firstname	
Surname	

### PREFERRED MAILING DETAILS

Address			
Suburb		Postcode	
Home Phone			
Mobile			
E-Mail			

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

Company/Self Employed	
Work Phone	
E-Mail	

### EDUCATIONAL/PROFESSIONAL DETAILS (if applicable)

Please attach your resume.
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### APPLICATION FOR: (an invoice will be issued)

- Student Membership \$20       General Membership \$50

### AGREEMENT / SIGNATURE

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 \_\_\_\_\_

POST OR EMAIL THIS APPLICATION TO THE ADDRESS BELOW:

PO Box 171, Belmont WA 6984

Telephone: 6272 6120

www.ohswa.marcsta.com

E-mail: safety@marcsta.com

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.