



OHSA Sundowner BOOKING REGISTRATION FORM

Name:

Company:

I am a Financial Member of OHSA Inc. & will be attending this event – 22/08/25

☐ Check box

I would **like to become a member** of OHSA & attend this event for \$10!

Please **complete the attached Membership Application Form** & return to Secretary. Your application will be reviewed for endorsement & the Treasurer will send you a Taxed Invoice for payment.

☐ Check box

I would like to attend this event as a ONE OFF **Non-Member Only** & pay **\$20**

☐ Check box

Bank Transfer / EFT

Bank - Commonwealth Bank

Account Name: Occupational Health Society

BSB: 066 161 Account No: 1003 7010

☐ Check box

Reference: OHSA **Sundowner** *Your Name*

PARKING & ACCESS

