



Occupational Health Society of Australia (WA)

MEMBERSHIP RENEWAL

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

EMPLOYMENT INFORMATION (Only complete if you want Company information to be recorded against your name 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: _____

PAYMENT METHOD

- Cheque Square Reader By Phone
- Direct Debit / EFT Commonwealth Bank
Account Name: Occupational Health Society
BSB: 066 161
Account No: 1003 7010
Reference: Name - OHSAWA Membership Renewal

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: / /

ABN: 83 170 105830

Please submit this completed Form to The Secretary OHSWA(WA) E-mail: ohswa@outlook.com.au

PO Box 6107 East Perth WA 6892 | 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.