



# Occupational Health Society of Australia Inc.

## MEMBERSHIP RENEWAL

### MEMBER INFORMATION

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

### CONTACT DETAILS *(Update if your details have changed)*

Postal Address			
Suburb		Postcode	
Phone			
E-Mail			
Please indicate your preferred method to be contacted:	<input type="checkbox"/> E-mail	<input type="checkbox"/> Postal address	<input type="checkbox"/> Phone

Special Interests <i>(for Society Directory)</i>	
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### EMPLOYMENT INFORMATION *(Only complete if you want Company information to be recorded against your name in the Society Directory and in Society Communications)*

Company / Self Employed	
Work Phone	
Work E-Mail	

### RENEWAL 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 \_\_\_\_\_

*An invoice for the membership type fee will be issued once processed.*



*The OHSA Inc. Financial Year runs from 1<sup>st</sup> November – 31<sup>st</sup> October.  
Fees payable during this period will apply for that financial year only.*

### PAYMENT METHOD

- |   |  |  |                               |
|---|--|--|-------------------------------|
| <input type="checkbox"/> EFT / Direct Debit | Bank - Westpac Banking Corporation<br>Account Name: Occupational Health Society of Australia Inc.<br>BSB: 036058 Account No: 139181<br>Reference: OHSA Member Renewal <i>Your Name</i> | <input type="checkbox"/> Credit Card via Westpac EFTPOS AIR<br>Contact either the:<br>Secretary – 0419 990 601<br>Treasurer: - 0437 772 324<br>This WILL incur 1.4% Bank Surcharge | <input type="checkbox"/> CASH |
|---|--|--|-------------------------------|

### AGREEMENT & CONSENT

- ☐ 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 \_\_\_\_\_

Please submit this completed Form to The Secretary OHSA Inc. ABN: 83 170 105830 E-mail: [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)

PO Box 6107 East Perth WA 6892 | Website: [www.ohsociety.com.au](http://www.ohsociety.com.au)

**The OHSA Inc. is a non-profit representative body providing expert advice to Govt at all levels and support to OHS professionals.**

Doc Ref: OHSA-DOC-FRM-02	Doc Name: Membership Renewal	Date Reviewed: 09/09/2025	Revision/Version: 2.G
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