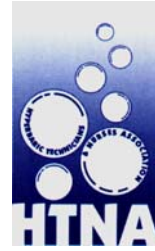


**Hyperbaric Technicians And Nurses Association  
Individual Membership Application  
Membership period 1 July – 30 June**



*(Please Print Clearly) Print then post or fax to address below*

(circle one) New Application                      Renewal

Title (circle one) Ms Mrs Mr Dr

Surname..... Christian Name.....

Postal Address.....

.....

Suburb..... Postcode..... City.....

Country..... Phone(    )..... Fax(    ).....

Do you want to be included on the chat line (circle) Yes No If yes please print email address clearly

E-mail .....

Occupation.....

**For full membership**, please give

Current Hyperbaric Position .....

Unit/Organisation.....

**Type of membership Applied for (circle one)**

**Full A\$60**                      Full membership is available to technicians and nurses only

**Associate A\$40**

Payment details (circle One)    Cash    Cheque    Visa/Mastercard    Bankcard

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on card..... Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Signature..... Date (dd mm yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please make **cheques** payable to “Hyperbaric Technicians and Nurses Association” all cheques to be in Australian dollars please

**Postal Address** HTNA Membership, Hyperbaric Medicine Unit, Royal Adelaide Hospital, North Terrace, Adelaide, SA 5000, Australia

Fax: 61 8 82324207

**Further information:** Secretary HTNA, Ph: 61 7 33716033 Treasurer, Ph: 61 8 82225121

E-mail [info@htna.com.au](mailto:info@htna.com.au) Web site [www.htna.com.au](http://www.htna.com.au)