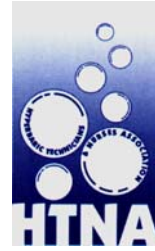


**Hyperbaric Technicians And Nurses Association
Individual Membership Application
Membership period 1 July – 30 June**



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

(circle one) New Application Renewal

Title (circle one) Ms Mrs Mr Dr

Surname..... First 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

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 3 62228322 Treasurer, Ph: 61 8 82225121

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