

# Palliative Care New South Wales



Patron: Her Excellency Professor Marie Bashir, AC  
Governor of New South Wales

## Membership Application/Renewal

Name.....  
Title First name(s) Last name

Address for delivery of Pallium and other notices

..... Post Code.....

Telephone (wk) .....(home) .....Facsimile .....

Email address.....

Occupation .....Job title/position .....

Reason for joining the Association .....

If you work with a Palliative Care Service, could you please give us details of the service and its role.

Name of the service .....

Role of the service .....

Location (Suburb/town) .....Area Health Service .....

Postal Address ..... Post Code .....

If you do not work with a palliative care service, would you please outline your interest in palliative care:

.....

Thank you. Please note that all memberships now expire on 30 June each year. If you are a new member, your fee should be calculated at a pro-rata basis rounded to the end of the nearest month.

Part of your membership fee supports Palliative Care at the national level. Please tick here  if you do NOT wish to receive information directly from Palliative Care Australia.

Membership: (Please circle one) Individual \$ 66.00 per year, incl. GST (pro rata \$5.50 per month)  
Institutional \$110.00 per year, incl. GST (pro rata \$9.16 per month)

### Method of payment

- Cheque or money order (made out to: Palliative Care Association of NSW and mail or fax to: PO Box M48 Missenden Road NSW 2050 fax: 02 9206 2094)
- Credit card payment – Bankcard, MasterCard, Visa. (Please indicate type of card)

**Amount \$** Please charge my (Circle one) **Bankcard Mastercard Visa**

Credit Card No. / / / CCU (last 3 digits on back of card):

Card Name

Expiry Date / Signature.....