



**Medical Imaging Nurses Association ANF (Victorian Branch)
Special Interest Group
Membership Form**

Please complete the details below and return to:

**The Treasurer,
MINA ANF(VicBranch) SIG,
Box 12600 A'Beckett St P.O.,
Melbourne, Vic. 8006**

CONTACT DETAILS

PERSONAL

Name: _____
Postal Address: _____
_____ Postcode _____
Phone: _____ Email: _____

PROFESSIONAL

Employer: _____
Department: _____
Current Position: _____
Postal Address: _____
_____ Postcode _____
Phone: _____ Email: _____

MINA membership fees are due annually on the 1st of April.

Please indicate the appropriate category below

\$60.00 Renewal

\$60.00 New Membership

Total Paid \$ _____

Method of Payment

Visa

Mastercard

Bankcard

Card Number: ____/____/____/____ Expiry Date __/ __

Cardholder's Name: _____

Cardholder's Signature: _____

Cheque or Money Order. Please make cheques payable to MINA Victoria. Please write your name clearly on the back on the cheque or money order.

Cash. Please do not send cash through the post.

Signed: _____ Date: _____

Office use only

Date Received	Receipt No.	Receipt Issued	Mailing List	New Member Info.