



MINA VICTORIA ANF SIG ANNUAL REGISTRATION AMENDMENT FORM

Please return completed registration forms & payment to the MINA Vic Treasurer.
(Membership is due annually by April 30th)

Name: _____

Membership Number: _____

Phone Number: _____

Email Address: _____

Your tax invoice will be emailed to your current registered address-please print clearly.

Amendment Fee \$40 - You must have previously paid for an Annual Membership & provide a copy of your receipt with this form.

Payment Options (please tick)

Direct Internet Banking Transfer Credit Card Cheque

1. Please make cheques payable to **Medical Imaging Nurses Association Victoria ANF SIG**.
Mail Address: Box 12600, A'Beckett Street PO, Melbourne, VIC 8006.
2. Credit Card Payments can be made by Bank Card, Visa or Master Card
3. Direct Internet Banking Transfer to National Australia Bank
BSB: 083 153
Acc: 048 559 452
Ensure that you identify who the payment is being made from during the transfer.
4. Tax receipts will be issued for all registrations received. All prices quoted are in Australian Dollars and are inclusive of GST.

Authority to charge credit card.

VISA Master Card Bank Card

Card Account Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Card Holder's Name _____ Expiry Date __ / __

Card Holder's Signature _____

GENERAL ENQUIRIES

Deborah Shears – President
Email: Deborah.Shears@i-med.com.au
Phone: BH: 03 9236 1325
AH: 0403 503 223

REGISTRATION ENQUIRIES

Di Allen – Treasurer
Email: Di.Allen@epworth.org.au

ALL WRITTEN CORRESPONDENCE

Mail:

Att: Treasurer
MINA VIC ANF SIG
Box 12600
A'Beckett Street PO
Melbourne, VIC 8006

Fax:

Att: Carole de Greenlaw,
MINA Vic ANF SIG
(03) 9275 9344

OFFICE USE ONLY

Date Registration Received	Date Payment Received	Date Receipt Sent