



Secretariat: Magic Touch Consultancies (Int'l) P/L  
 PO Box 717, Caringbah, NSW 1495  
 Fax: 02 9524 1744

## OFFLINE MEMBERSHIP FORM

**This form should ONLY BE USED BY MEMBERS WITHOUT AN EMAIL ADDRESS OR INTERNET ACCESS. If you have internet access it is preferred that you join/renew your membership on-line at [www.sawma.org.au](http://www.sawma.org.au)**

Name / Position: .....  
 (Please note: If membership is for your Organisation, please include a position)

Address: .....

Post Code: ..... Phone: .....

Email (required): .....

Indicate only if you DO NOT have any email address:  (Email is the preferred correspondence method)

Profession  Nursing  Medical  Pharmacy  Scientist  
 Podiatry  Organisation  Corporate (Trade only)  
 Other (state): .....

Place of employment: .....

Type of membership  New

**NOTE: Renewal is FREE for all current 2011 financial members until 30 June 2012**

### New membership

Full (individual) or Organisation \$30 (pro rata rate 1 January – 30 June 2012)  
 Corporate (Trade only) \$65 (pro rata rate 1 January – 30 June 2012)  
*All members will be contacted in June regarding renewal and payment of annual membership fees*

### Payment method (For new memberships only)

Cheque or money order payable to Magic Touch Consultancies - Client Account  
 PO Box 717, Caringbah, NSW 1495  
 Electronic funds transfer (EFT) Commonwealth Bank of Australia  
 BSB 062-136 Acc 10197102

**If paying by EFT you must include your name and indicate payment is for AWMA(SA) Membership**  
 Credit card – Visa or MasterCard accepted. Please complete Credit Card Form and enclose.

Receipts and acknowledgment of AWMA(SA) membership will be forwarded via email or mail.  
 For membership enquiries please contact the AWMA(SA) Secretariat at email:  
[membership@mtci.com.au](mailto:membership@mtci.com.au) or telephone on 02 9524 1799.

Annual membership of AWMA(SA) Inc. is 1 June to 30 July. Members are bound by the membership Terms and Conditions and the conditions described in the AWMA(SA) Inc Constitution, February 2011. Copies are available on request or at [www.sawma.org.au](http://www.sawma.org.au).

**Privacy Statement** AWMA(SA) is committed to handling your personal information supplied on this membership application form in accordance with the provisions of the Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000 & the National Privacy Principles. Personal information will be used to process your membership application and to provide you with information and services relating to the Association's objectives, including details of seminars, conferences & other offers provided by third parties. If you do not wish to receive such third party information, please tick the appropriate box. You may access, update and amend your personal information at any time upon a written request.  **I do not wish to receive any third party information**



**AWMA**  
Australian Wound  
Management Association Inc.  
South Australia

## AUSTRALIAN WOUND MANAGEMENT ASSOCIATION (SA) Inc.

### CREDIT CARD PAYMENT FORM

Please complete this form with your credit card details and return to the address below

To:

Magic Touch Consultancies Pty Ltd,  
PO Box 717,  
Caringbah,  
NSW 1495,  
Australia

FAX: 02 9524 1744

Membership	AWMA(SA) MEMBERSHIP (new memberships only)															
Name:																
Total Cost:	AUD															
Credit card:	Visa / MasterCard															
Card number:																
Expiry Date:																
Name of Cardholder:																
Signature:																
Date:																