

ASSOCIATE MEMBERSHIP RENEWAL 2017/18

PLEASE print clearly



A.N.P.A.
Australian Naturopathic
Practitioners Association Inc.

Name: _____ ANPA membership No: _____

1. PAYMENT (Incl. GST) payable by cheque, money order, credit card or EFT.

**Associate Member – pay no later than June 30, 2017
pay only \$235.00**

Payment must be received on or before (or postmarked) June 30, 2017

Late fees of \$5.50 per month will apply to payments received after August 1, 2017.

| | | | | |
|---------------------|-------------------------------|-------------------------------------|-------------------|--|
| Credit Card: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | Card holder name: | |
|---------------------|-------------------------------|-------------------------------------|-------------------|--|

Card No: _____ - _____ - _____ - _____ Expiry: ____ / ____

Signature: _____

Cheque **Money Order** (Made payable to ANPA) **AMOUNT: \$** _____

EFT – Commonwealth Bank of Australia Account Name: **ANPA** BSB: **063 334** Account No: **1000 7809**

A tax receipt will be sent to you once your payment and renewal details have been processed.

2. CONTACT DETAILS - ONLY if your details have changed since last year

| Correspondence – for delivery of stationery, journals, notices, etc. | Practice Address 1 – (No PO Boxes) | Practice Address 2 – (If you have one. No PO Boxes) |
|--|------------------------------------|---|
| | | |

Email: _____

List Clinic name(s), addresses including postal codes, phone, fax, mobile and email where applicable.