

# ASSOCIATE MEMBERSHIP RENEWAL 2020/21

PLEASE print clearly



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

Name: \_\_\_\_\_ ANPA membership No: \_\_\_\_\_

## 1. PAYMENT payable by cheque, money order, credit card or EFT and Online.

**Associate Member – pay no later than June 30, 2020**

**pay only \$235.00**

*Your membership can also be paid in weekly or monthly instalments. Please contact the office to set up a payment plan.*

Late fees of \$5.50 per month will apply to payments received after August 1, 2020.

<b>Credit Card:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card holder name:	_____
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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**

**Online Renewal:** <https://anpa.asn.au/online-membership-renewal/>

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

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## 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)
<b>Email:</b>	_____	

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