



Occupational Health Society of Australia Inc.

MEMBERSHIP RENEWAL

MEMBER INFORMATION

Title (Dr, Ms, Mrs, Mr, etc.)	
First name	
Surname	

CONTACT DETAILS *(Update if your details have changed)*

Postal Address			
Suburb		Postcode	
Phone			
E-Mail			
Please indicate your preferred method to be contacted:	<input type="checkbox"/> E-mail	<input type="checkbox"/> Postal address	<input type="checkbox"/> Phone

Special Interests <i>(for Society Directory)</i>	
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EMPLOYMENT INFORMATION *(Only complete if you want Company information to be recorded against your name in the Society Directory and in Society Communications)*

Company / Self Employed	
Work Phone	
Work E-Mail	

RENEWAL FOR *(indicate membership type / fee option):*

- Full Membership (includes *Monitor* newsletter) \$50 - 1 year **or** \$100 - 3 years
- Corporate Membership (includes *Monitor* newsletter) \$100 - 1 year **or** \$200 - 3 years
- Student Membership (includes *Monitor* newsletter) \$20 - 1 year **or** \$ 40 - 3 years

Tertiary Institution _____ Student Number _____

An invoice for the membership type fee will be issued once processed.



*The OHSA Inc. Financial Year runs from 1st November – 31st October.
Fees payable during this period will apply for that financial year only.*

PAYMENT METHOD

- | | | | |
|---|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> EFT / Bank - Commonwealth Bank | <input type="checkbox"/> Credit | <input type="checkbox"/> CASH | <input type="checkbox"/> Cheque |
| Direct Account Name: Occupational Health Society | Card via | | |
| Debit BSB: 066 161 Account No: 1003 7010 | Square | | |
| Reference: OHSA Member Renewal <i>Your Name</i> | Reader | | |

AGREEMENT & CONSENT

- I certify that the information provided in this application is correct and I agree to adhere to the Constitution and Code of Ethics of the Society. I also give consent to the Society to collect, use and disclose my personal information in accordance with the National Privacy Principles in matters relating to the Society.

Signature _____ Date _____

Please submit this completed Form to The Secretary OHSA (Inc) ABN: 83 170 105830 E-mail: ohswa@outlook.com.au
PO Box 6107 East Perth WA 6892 | Website: www.ohsociety.com.au

The OHSA (Inc) is a non-profit representative body providing expert advice to Govt at all levels and support to OHS professionals.

Doc Ref: OHSA-DOC-FRM-02	Doc Name: Membership Renewal	Date Reviewed: 19/08/2024	Revision/Version: 2.D
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