



**THE SOCIETY FOR MEDICAL
AND BIOLOGICAL ENGINEERING
(NSW) Inc**

PLEASE ADDRESS ALL
CORRESPONDENCE TO:
THE HONORARY SEC.
PO BOX 545
LANE COVE
NSW 1595

ABN 77 878 685 919

2012 to 2013 Renewal / Application for Membership

Tax Invoice

Organisation/Hospital Phone (.....).....
Name (Dr, Mr, Mrs, Ms) Fax (.....).....
Postal Address Mobile
E-mail(s)

SMBE (NSW) Inc membership fees to June 30th 2013

- | | | | | |
|--------------------------|----------------------------------|---------------------------------|--------------------------|--|
| <input type="checkbox"/> | Joining Fee | \$ 17.50 | <input type="checkbox"/> | Applies to new memberships only |
| <input type="checkbox"/> | Ordinary Membership | \$ 40.00 | <input type="checkbox"/> | Includes individual postings |
| <input type="checkbox"/> | Group Membership | \$ see -> -> -> | <input type="checkbox"/> | 2 to 4 \$25.00; 5 to 9 \$22.50; 10+ \$20.00 each |
| <input type="checkbox"/> | Small Business Membership | \$225.00 | <input type="checkbox"/> | Includes SMBE NSW membership for 1 |
| <input type="checkbox"/> | Medium Business M'ship | \$350.00 | <input type="checkbox"/> | Includes SMBE NSW membership for 2 to 4 |
| <input type="checkbox"/> | Corporate Membership | \$575.00 | <input type="checkbox"/> | Includes SMBE NSW membership for up to 20 |
| <input type="checkbox"/> | Student Membership | \$ 22.50 | <input type="checkbox"/> | Full time students only |
| | Total (Aud)\$ | _____ | <input type="checkbox"/> | ← Tick if a receipt is required |
| | Includes 10% GST | _____ | | |

On behalf of the Society, we sincerely thank you for your support and interest, and look forward to your continued involvement in the future. Members receive discounts for the Annual Conference & other benefits. Please check your address details, and put your e-mail address so that we may advise you of upcoming events. For more information:-

(The Honorary Secretary/ Treasurer) e-mail to: secretary@smbensw.org.au

(President) e-mail to: president@smbensw.org.au

Pay by Direct Deposit to:- St George Bank

A/C Name: **SMBE NSW**

BSB: **112-879**

A/C No. **145 280 082**

Please use your name as the EFT reference

If it is your intention to not renew and resign your membership, please complete below:

I, _____ will not be renewing my membership, signed _____ Date _____