

ACTRA MEMBERSHIP RENEWAL FORM

ABN: 26970 065 392 This notice becomes a Tax Invoice on receipt of payment - please keep a copy

CONTACT DETAILS

Name _____
Job title _____
Organisation _____
Address _____
City _____ State _____ Postcode _____
Country _____
Telephone _____ Fax _____
E-mail _____

I can confirm that the above details are true and correct.

Signature _____

Membership Renewal (1 July 2018 - 30 June 2019)

All payments must be made in Australian dollars. If payment is made by bank transfer, all fees must be paid by the remitter.

Australia (*Includes GST)

- Full member \$165.00
- Student member \$55.00
- Emeritus member \$55.00

Overseas

- \$150.00
- \$50.00
- \$50.00

Cheque (AUD) to ACTRA enclosed

Direct deposit made on ___/___/___

Account name: Australasian College of Toxicology
and Risk Assessment Inc

Bank: National Australia Bank

BSB: 083 739

Account No: 79 647 6337

Reference: ACTRA – insert surname

Please charge this credit card AUD

Card type _____

Expiry _____

Number _____

Name _____

CCV _____

Cardholder Email _____