



ENVIRONMENTAL
HEALTH AUSTRALIA
(Victoria) Incorporated

Application for Membership

Tax Invoice

Individual
Financial Year 2010/2011

ABN: 33 917 298 751

Please use separate form for Corporate Memberships

Title: _____ First Name: _____

Surname: _____

Postal Address: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Date of Birth: _____

Employment Details

Position Title: _____

Organisation: _____

Membership Details

(See Quick Guide – Membership Classes for details on eligibility and benefits of each membership class)

Membership Class	Membership Fee	Part-time Option*
<input type="checkbox"/> Member	\$320 (early bird by 31st July \$295)	\$192
<input type="checkbox"/> Fellow	\$320 (early bird by 31st July \$295)	\$192
<input type="checkbox"/> Associate Member	\$320 (early bird by 31st July \$295)	\$192
<input type="checkbox"/> Graduate Member	\$160	
<input type="checkbox"/> Student Member	No fee	
<input type="checkbox"/> Retired	\$55	
<input type="checkbox"/> Temporary Inactive	No fee. Please read Quick Guide – Membership Classes	

**Please provide document from employer stating part-time status*

Qualification(s)*

Qualification: _____

University: _____

Qualification: _____

University: _____

**Please provide certified copies*

P.T.O.

Current Students

Course being undertaken: _____

University: _____

Expected date of completion of your course: _____

Post to:

Bernadet Ferraro
Executive Officer
EHA Vic Branch
PO Box 378
DIAMOND CREEK VIC 3089

Email to: vic@eh.org.au

☎ 03 9438-5960

Payment Details:

Amount Due: \$ _____

Please note that due to changes in the organisational structure of EHA and the low uptake, the direct debit option is no longer available.

Online: https://www.eh.org.au/migs/memRenew_07.php

Cheque: Please make payable to "Environmental Health Australia (Victoria) Inc."

Credit Card: Please debit the following card for the nominated total:

Visa **Mastercard**

Card Number: _____

Expiry Date: _____ CCV _____

Card Holders name (as it appears on the card): _____

Signature: _____

Applicant's Signature

I agree to be bound by the Constitution of Environmental Health Australia (Victoria) Incorporated at all times. I certify the details provided by me are true and correct.

Applicant's Signature: _____ **Date:** _____

Special Interest Areas

- | | |
|--|--|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Healthy Settings |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Indigenous Environmental Health |
| <input type="checkbox"/> Environmental Health Policy | <input type="checkbox"/> Catchment Management |
| <input type="checkbox"/> Environmental Management/Wastewater | <input type="checkbox"/> Health Promotion |
| <input type="checkbox"/> Infectious Disease Control | <input type="checkbox"/> Health Legislation |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Environmental Health Education | <input type="checkbox"/> Other: _____ |

