

Tasmanian Association for Hospice & Palliative Care
PO Box 834, Kingston, Tasmania, 7051
Phone: (03) 6285 2514 Fax: (03) 6239 6030
Email: tahpc@intrepidonline.com.au
ABN: 26 595 047 105



Application For Membership

Please complete this form and return it to TAHPC with your payment.

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Occupation: _____

Involvement in Palliative Care: _____

As a member of TAHPC, your email address is placed on our mailing list to receive our newsletter and Palliative Care Australia updates:

- Yes, I agree to my email address being placed on the TAHPC mailing list
 No, I do not agree to my email address being placed on the TAHPC mailing list

General Subscription \$33.00 (inc. GST) **Volunteer Subscription \$15.00 (inc. GST)**

Our preferred payment method is via cheque or electronic funds transfer.

Cheque

Please make your cheque payable to:
Tasmanian Association for Hospice and
Palliative Care
PO Box 834 Kingston TAS 7051

Electronic Funds Transfer (EFT)

Account Details:
BSB 067102
Account: 10123021
Please enter your last name and initial as the reference.

Credit Card

Note: We can accept credit card payments, however there may be a delay in processing your payment, due to our current merchant facility. If paying by credit card, please ensure that you maintain sufficient funds in your account to cover your payment.

Mastercard [] Bankcard [] Visa []

Card number ____ / ____ / ____ / ____ Amount \$ _____

Name on card _____ Expiry date __ / __

Signature _____