

# ACTRA MEMBERSHIP RENEWAL FORM

ABN 26 970 065 392 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 \_\_\_\_\_

Include details on the ACTRA website?  Yes  No

## ANNUAL SUBSCRIPTION

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 \$110.00
- Student member \$27.50
- Emeritus member \$27.50

### Overseas

- \$100.00
- \$25.00
- \$25.00

Cheque (AUD) to ACTRA enclosed

Direct deposit made on \_\_\_/\_\_\_/\_\_\_

Account name: Australasian College of Toxicology  
and Risk Assessment Inc

Bank: National Australia Bank

Account No: 083 153 79647 6337

Reference: ACTRA – insert surname

Please charge this credit card AUD

Card type \_\_\_\_\_

Expiry \_\_\_\_\_

Number \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder Email \_\_\_\_\_

## FEEDBACK

Please share your thoughts with us. If you have any comments or things you may like see happen in the future with regards to your membership or running of the society, please let us know.

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