

YEAR 2008-2009



- **Annual Membership fees are due by the 30th June each year. This entitles you to be considered a current member for the next financial year.**
 - **Annual Membership fees are \$50.00**

All Cheques to be made Payable to: The Discharge Planning Association Inc.

Address Correspondence to: PO BOX 6534, North Ryde, 2113, NSW

To keep our membership records up to date and ensure you receive all the available information from this Association please complete the following information PLEASE PRINT:

Name (in full):

Also known as (if applicable. This applies if you send cheques etc in a name other than your above membership name:

E-mail Address:

Preferred Postal Address:

Postcode: **State:**

Telephone Contact: Work: **Home:** **Mobile:**

Current Position Title:

Hospital or Other Place of Employment:

Work Address:

To improve the role and service this Association provides please suggest and/or comment about what you would like or expect this Association to provide over the next few years of your membership:

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**Many Thanks for Your Continuing Support of
The Discharge Planning Association Inc.
For any problems that we may assist, please contact the President
or any elected Member of the Executive committee.**