The Case Management Society of Australia Ltd
(ACN. 130 205 284)
A non-profit organisation dedicated to the support
and development of quality Case Management

CMSA MEMBERSHIP APPLICATION FORM 2009

TAX INVOICE: (ABN: 537 8236 2507)

Please retain a copy of the completed form for taxation purposes, as no receipt will be issued.

Individual Membership	**$AU267.00** (incl GST) per calendar year
Associate or Full Time Student Membership	**$AU190.00** (incl GST) per calendar year
Corporate Level 1 Membership	**$AU1442.00** (incl GST) per calendar year
Corporate Level 2 Membership	**$AU2310.00** (incl GST) per calendar year
Corporate Level 3 Membership	**$AU3956.00** (incl GST) per calendar year

Please note that all cheques should be in Australian Dollars.
Cheques should be made payable to the **Case Management Society of Australia**. You can also pay by **Visa or Mastercard** .

Please complete this form and return it with your cheque or credit card details to:

Case Management Society of Australia
Level 6 52 Collins Street Melbourne VIC 3000 AUSTRALIA
TEL: + 61 3 9658 2399
FAX: + 61 3 9658 2388
EMAIL: cmsa@cmsa.org.au
WEBSITE: www.cmsa.org.au

(PLEASE COMPLETE DETAILS BELOW, PRINT CLEARLY)

Name Date

Mailing
Address

State Postcode Country

Phone: Mobile Fax

Email address

Position

Qualification/s

Employer

Employer Address

State Postcode Country

Phone: Mobile Fax

- I enclose my **Cheque** or **Money order** for **Australia** $**.....**
- **I prefer to pay by (Please circle)** **Visa** **Mastercard**

Name on Card

Card Number | | | | | | | | | | | | | | | |

Expiry Date: / Signature

FOR OFFICE USE ONLY:

Received: ……...Member No: ……Banked: ……Sent: ……