



Case Management Society of Australia

Australia's National Peak Body for Case Management
Registered Office: Level 6/52 Collins Street Melbourne Vic 3000
ABN: 537 8236 2507
ACN: 130 205 284

CMSA MEMBERSHIP APPLICATION FORM 2011 - TAX INVOICE

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

Please tick nominated level of membership

- | | | |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | Individual Membership | \$AU267.00 (incl GST) per calendar year |
| <input type="checkbox"/> | Full Time Student Membership | \$AU190.00 (incl GST) per calendar year |
| <input type="checkbox"/> | Corporate Level 1 Membership | \$AU1442.00 (incl GST) per calendar year |
| <input type="checkbox"/> | Corporate Level 2 Membership | \$AU2310.00 (incl GST) per calendar year |
| <input type="checkbox"/> | Corporate Level 3 Membership | \$AU3956.00 (incl GST) per calendar year |

Payment can be made by the following methods:

Cheque, EFT or Credit Card Payment (online) at <http://www.cmsa.org.au/membership.htm>

Individual or Principal Member Name.....Date.....

Mailing address.....

State.....Postcode.....Country.....

Telephone No.....Mobile.....Fax.....

Email address.....

Employer.....

Position.....

Qualifications.....

Employer address.....

State.....Postcode.....Country.....

Telephone No.....Mobile.....Fax.....

- Direct payment via **electronic bank transfer** (EFT) to National Australia Bank (NAB) Account

Account Name:

Case Management Society of Australia

BSB:

083 170

Account Number:

677505983

Please email notification of payment to CMSA &/or remittance advice to cmsa@cmsa.org.au

- Please find my **cheque** in AU\$ to CMSA enclosed. Cheques should be made payable to the Case Management Society of Australia and sent to the address at the bottom of this application form.

- I have paid for my membership by **credit card** online at <http://www.cmsa.org.au/membership.htm>

Receipt Number: _____