

2018 Membership Renewal TAX INVOICE ABN 96 066 593 100

The new membership options as of 1/1/2018 are:

- 1 Year membership - \$ 90.00
- 3 Year membership - \$225.00
- 5 Year membership - \$330.00

A discount has been applied to the 3 and 5 Year Membership.

1. Please indicate what length of membership you are applying for
2. Please ensure that you provide the completed form with your payment every time you renew; this ensures that we know which of our members is renewing and that we can ensure our records are up to date.
3. When paying by credit card please double check the number of the credit card and expiry date before sending.
4. When paying by check, please staple the check to the form.
5. When paying by Direct Deposit, please ensure that you include your full name in the transaction details.
6. **Please be sure to renew prior to 15 February 2018. After this date, you will be deemed an unfinancial member of the ALLG.**
7. A rejoining fee equal to that of one years subscription (\$90) will be required if you do not renew your membership by the deadline or you do not renew your membership within a calendar year.
8. An unfinancial member of the ALLG cannot attend the twice yearly meetings and cannot sit on any ALLG committee including the Board, Scientific Advisory Committee and the Safety and Data Monitoring Committee. Other restrictions may be placed on unfinancial members at the discretion of the ALLG.

Please Return Form to:
ALLG Operations Office
Email: dilupa.uduwela@allg.org.au
Fax: +61 3 9429 8277



Better treatments...
Better lives.

2018 Membership Renewal

TAX INVOICE

ABN 96 066 593 100

Membership Options

Please tick the appropriate box

1 Year	\$ 90.00	<input type="checkbox"/>
3 Year	\$225.00	<input type="checkbox"/>
5 Year	\$330.00	<input type="checkbox"/>

Please Tick: Haematologist
 Pathologist
 Other: _____

Medical Oncologist
 Radiation Oncologist

Scientist
 Physician

*Full Name: _____

Department: _____

*Institution: _____

Address: _____

City: _____ State: _____

Postcode: _____

*Phone: _____

*Email: _____

Date Sent: __/__/____

Do you consent to your contact details (name, institution, email address and phone number) being listed on the 'Members Area' of the ALLG website?

Do you consent to your contact details being passed on to the TGA only for the purpose of lodging an applicable CTN?

Please debit from my credit card

MasterCard Visa

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Please check before sending the CC Number and Expiry Date

OR

I have attached a cheque to this form

Make cheque payable to Australasian Leukaemia & Lymphoma Group (ALLG)

OR

I have transferred my membership fee directly into the ALLG bank account

Account Name: Australasian Leukaemia & Lymphoma Group (ALLG)

Account Details: BSB: 313 140 Acct. Number: 12038240

Transfer Date: _____

Remember to include your Full Name in the transaction notation

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