



2017 Membership Renewal
TAX INVOICE
ABN 96 066 593 100

The new membership options as of 1/1/2014 are:

- 1 Year membership - \$ 80.00
- 3 Year membership - \$200.00
- 5 Year membership - \$300.00

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 17 February 2017. After this date, you will be deemed an unfinancial member of the ALLG.**
7. A rejoining fee equal to that of one years subscription (\$80) 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



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Membership Options
Please tick the appropriate box

Table with 3 columns: Term (1 Year, 3 Year, 5 Year), Price (\$ 80.00, \$200.00, \$300.00), and 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)

- [] 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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