



2012 Membership Renewal
TAX INVOICE
ABN 96 066 593 100

The new membership options as of 1/1/2009 are:

- 1 Year membership - \$ 60.00
- 3 Year membership - \$170.00
- 5 Year membership - \$270.00

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 31st January 2012. After this date, you will be deemed an unfinancial member of the ALLG.**
7. A rejoining fee equal to that of one years subscription (\$60) 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@petermac.org
Fax: +61 3 9656 2779



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Membership Options

Please tick the appropriate box

1 Year \$ 60.00
3 Year \$170.00
5 Year \$270.00

Please Tick: Haematologist
 Pathologist
 Other: _____

Medical Oncologist
 Radiation Oncologist

Scientist
 Physician

Full Name: _____

Department: _____

Hospital: _____

Address: _____

City: _____

State: _____

Postcode: _____

Phone: _____

Email: _____

Date Sent: __/__/____

- Please indicate if you require a tax receipt for your membership
- Do you consent to your Name, Hospital and Business Hours telephone number being listed on the ALLG website address book, only accessible to ALLG members?
- 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 and Lymphoma Group

OR

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

Account Name: Australasian Leukaemia and Lymphoma Group

Account No: 063-009 10089694

Transfer Date: _____

Remember to include your Full Name in the transaction notation

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