

# The NSW Association for Adolescent Health Inc.

Funded by NSW Health

## NAAH ANNUAL MEMBERSHIP FORM (Aug 2009 – Sept 2010)



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To join the NSW Association for Adolescent Health (NAAH), please complete the form below and return to NAAH with your payment and/or proof of payment.

**Please return to:**

NSW Association of Adolescent Health (NAAH)  
PO Box M178  
Missenden Road NSW 2050

Fax: (02) 9351 0955

Organisation Name:			
Organisation Contact Person:			
Position of Contact Person: <i>(within Organisation)</i>			
Postal Address:			
Street Address: <i>(if different from above)</i>			
Business Phone 1:		Business Phone 2: <i>(if applicable)</i>	
Mobile:	Fax:	Web:	
Email 1:		Email 2: <i>(if applicable)</i>	
Contact person for Finance Department/for payments: <i>(ignore if the same as above)</i>			
Finance Dept. Phone:		Type of Service: <i>(please tick one)</i> <input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Private <input type="radio"/> Other <i>(please list)</i> _____	
Finance Dept. Email:			
<b>Payment Method:</b> Price includes GST		<b>1. Cheque / Money order payable to:</b> NSW Association for Adolescent Health Inc. PO Box M178, Missenden Road, NSW 2050 <i>Please mail your payment with your membership form</i>	
<ul style="list-style-type: none"> <li>▪ Government Organisations <b>\$55.00</b></li> <li>▪ Non-Government Organisations <b>\$33.00</b></li> <li>▪ Individual <b>\$16.50</b></li> <li>▪ Unemployed/Student/Pensioner <b>\$11.00</b></li> </ul>		<b>2. EFT transfer to: BSB: 032 267 Account # 162 187</b> <i>Please fax/ email your proof of payment with this form</i>	
Organisation's Core Funding source(s) <i>(please tick one)</i>		<input type="radio"/> NSW Health <input type="radio"/> DOCS <input type="radio"/> Other <i>(please list)</i> _____ <input type="radio"/> NA	
<b>For completion by NAAH:</b>			
Member Database updated:		Date updated:	
<input type="checkbox"/> Yes		<input type="checkbox"/> No	