



**Australian Cardiovascular Health  
and Rehabilitation Association**

Australian Cardiovascular Health and Rehabilitation  
Association Inc.  
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*The only organisation for all health professionals working in Cardiovascular Health  
Rehabilitation and Secondary Prevention*

*Please complete the form and return to the ACRA Secretariat to process your application.*

## ***New Membership Application***

### **BENEFITS OF MEMBERSHIP**

- When you join ACRA, you will also become a member of your State organisation
- Generous discounts to the Annual ACRA Conference and your State Conferences and Seminars
- Regular national newsletters
- Regular correspondence from the ACRA Executive Management Committee
- Opportunities to network
- Travel grants and scholarships for attendance at the State and National Conferences
- Access to member only resources via specific website access
- Members are eligible to serve on the State and National Executive Committees

### **CONTACT INFORMATION**

*Please write in CAPITALS*

**Title:** Ms / Mrs / Miss / Mr / Dr / Prof **Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Country (if not Australia):** \_\_\_\_\_

**Tel Home:** (    ) \_\_\_\_\_ **Tel Work:** (    ) \_\_\_\_\_ **Tel Mob:** (    ) \_\_\_\_\_

**Personal email:** \_\_\_\_\_

### **PROFESSIONAL INFORMATION**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Registered Nurse | <input type="radio"/> Social/Welfare Worker            | <input type="radio"/> Health Researcher      |
| <input type="radio"/> Physiotherapist  | <input type="radio"/> Exercise Physiologist            | <input type="radio"/> EN or EEN              |
| <input type="radio"/> Dietician        | <input type="radio"/> Medical Practitioner (Specialty) | <input type="radio"/> Occupational Therapist |
| <input type="radio"/> Psychologist     | <input type="radio"/> Other: _____                     |  |

*Please write in CAPITALS*

**Workplace / Health Service:** \_\_\_\_\_

**Workplace Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Country (if not Australia):** \_\_\_\_\_

**Work email:** \_\_\_\_\_

#### **Privacy Statement**

*Your personal information will remain confidential. It will be kept on a database for use only by ACRA for membership purposes. Your information will not be supplied or sold to any other person or organisation.*



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### **ACKNOWLEDGEMENT**

By ticking the circles, I agree that:

- I am employed in, or have made a significant contribution to, the area of Cardiovascular Health, Rehabilitation and Secondary Prevention.
- My name can be printed in ACRA newsletters for membership recognition.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **PAYMENT DETAILS**

2017/18 Individual Membership fee: \$130  
Initial Joining Fee: \$40 (waived if joining at ACRA event)  
**TOTAL AU\$170 incl. GST (tax deductible)**  
 *I am joining as part of an ACRA event—Total Cost \$130*

**I wish to pay by:**

- CHEQUE:** Please make cheque out to **ACRA** and send with application.
- EFT:** Your invoice will be emailed to you and details for EFT payment will be on the invoice (bottom left).
- CREDIT CARD:** We accept VISA, MasterCard and AMEX (surcharge applies). Please enter your details below:

**Card type:** Visa / MasterCard / AMEX

**Card number:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name on card:** \_\_\_\_\_

**Expiry date:** \_\_\_\_ / \_\_\_\_      **CVV:** \_\_\_\_

**Signature:** \_\_\_\_\_

Please either email / fax / post your application form to:

**ACRA Secretariat  
PO Box 576  
Crows Nest NSW 1585  
Fax: 02 9431 8677  
Email: admin@acra.net.au**

**Admin only:**

Date recd.: \_\_\_\_      Date processed: \_\_\_\_      Membership #: \_\_\_\_      Website: \_\_\_\_

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