



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

New Membership Application

Please complete the form and return to the ACRA Secretariat to process your 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
- Access to ACRA Mentoring Program
- 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

2019/20 Individual Membership fee: \$136.50 Initial Joining Fee: \$40 (waived if joining at ACRA event) TOTAL AU\$176.50 incl. GST (tax deductible) <input type="radio"/> <i>I am joining as part of an ACRA event— Total Cost \$136.50</i>
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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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