



*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.



**Australian Cardiovascular Health
and Rehabilitation Association**

Australian Cardiovascular Health and Rehabilitation
Association Inc

ABN: 58 005 699 704

PO Box 576, Crows Nest NSW 1585

T: 02 9431 8653

F: 02 9431 8677

E: admin@acra.net.au

W: www.acra.net.au

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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

<p>Individual Membership fee: \$150 Departmental Membership fee: \$180 Initial Joining Fee: \$40 (waived if joining at ACRA event) TOTAL AU\$190 (Individual) / \$220 (Departmental) incl. GST (tax deductible)</p> <p><input type="radio"/> <i>I am joining as part of an ACRA event—Total Cost \$150 (Individual) / \$180 (Departmental)</i></p>

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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