



A venture in training for Christian health care professionals

PO Box 36, Crafers South Australia - 5152
intermedsa@adam.com.au
Phone: 08-8339 8603
Intl: +61-8-8339 8603
Mobile: 0408 679 347
www.intermed.org.au

Membership Application or Renewal Form

Preferred Title: Dr [] Prof [] Mr [] Mrs [] Ms [] Other.....
First Name
Last Name
Postal address
Email address
Phone: Home Mobile Work

I apply for Membership or to renew my Membership of Intermed SA Inc.

- a. I support the objects of the association
b. I agree to adhere to the beliefs of the association, and
c. I agree to be bound by its rules.

Applicant's/Member's Signature Date

Select your preferred Membership (tick)

- [] Individual Member for 2018-19 \$ 10
[] Individual Life Member \$150
[] Family Member for 2018-19 \$ 15
[] Family Life Member \$225

Optional donation

- [] In addition, I make the following donation (not tax deductible) of
\$..... as a one off payment, and/or
\$..... per month

Note: tax deductible donations to the Intermed Scholarship Fund can be made through HealthServe Australia – see the Intermed website for details (www.intermed.org.au)

Select your Payment method

- [] Direct credit to the Intermed Bank of South Australia account (preferred method):
Account Name: Intermed SA. BSB 105 084. Account Number 042075140
Please ensure you put your last name and initials or organisation name in the reference field. If you want to make this payment from an overseas account, please send us an email and we'll provide the other details you'll need to do this.
[] Cheque made to Intermed SA or Money Order
(sorry we are not set up to take credit/ debit card payments).

For Office Use only: Date Renewal paid ___/___/_____ Amount
Date receipt issued ___/___/_____