

**NUTRITION SOCIETY OF AUSTRALIA Inc**  
**MEMBERSHIP RENEWAL - FULL/STUDENT MEMBERSHIP\*/RETIREE**

DATE \_\_\_\_\_

SURNAME: \_\_\_\_\_ TITLE (e.g. Dr) \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

ADDRESS (for correspondence):

Department: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (w) \_\_\_\_\_ Fax (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_ (please write clearly)

MEMBERSHIP NUMBER (if known): \_\_\_\_\_

e.g. 1568

REGIONAL GROUP (Please indicate the group that you currently belong to)

ADELAIDE BRISBANE CANBERRA MELBOURNE NEWCASTLE PERTH SYDNEY TASMANIA WOLLONGONG

**PRESENT OCCUPATION**

Academic  Food industry  Research  Dietitian  Animal scientist  Medicine/Health

Student, course of study\* \_\_\_\_\_

\*Student applicants must complete part 1 of the address section and ensure that their Supervisor completes the following:

This is to certify that the applicant is a full-time student at \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
NAME OF SUPERVISOR (Block letters)

**NSA Inc PRIVACY POLICY**

The NSA Inc complies with the *Privacy Amendment (Private Sector) Act 2001*, effective 21 December 2001. Personal information, as defined by the Act, about Members, Applicants for Membership or individuals submitting an abstract will be used only for the purposes collected and in accordance with the Society's Rules and Objectives. The NSA Inc requires parties who request personal information to apply in writing, stating the purpose for which it is to be used and to declare that it too has a compliant privacy policy. Each request is assessed, and if it is judged to be of value to Members, it may be acceded to.

**Members may check the accuracy of their personal details and update them at any time.**

[ ] I do not agree to my personal details being provided to outside parties for any reason.

<b>SUBSCRIPTION FEES:</b>	<b>2010/2011</b>
<b>(includes GST):</b>	12 months (1 July – 30 June)
Membership	\$163
Student/Retiree	\$ 65

**Note:** Membership fees are increased each year in line with CPI.

Completed renewal forms, accompanied by the relevant membership fee, can also be forwarded by mail to:

Hon. Secretary, Nutrition Society of Australia Inc, PO Box 949, Kent Town SA 5071  
 Phone: (08) 8363 1307 Fax: (08) 8363 1604 E-mail: nsa@fcconventions.com.au

**Payment Options:**

A.  I enclose a cheque made payable to "Nutrition Society of Australia"

B.  I wish to pay by EFT (electronic funds transfer) to the NSA account:

Bank Commonwealth BSB: 066 155  
 Account: Nutrition Society of Australia Inc Account number: 1008 4364

**NB:** Please use your surname + membership number as reference and email or fax a copy of the remittance advice to the Secretariat.

C.  I wish to pay by credit card (Amex and Diners cards are not accepted)

Mastercard

Visa

Card number

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount paid: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

\_\_\_\_\_