



**The Australasian Society of Thrombosis &  
Haemostasis Ltd**

ABN 43 293 710 560

PO Box 217, Glen Iris, Vic, 3146, Australia

Telephone: +61 3 9388 9876 • Fax: +61 3 9380 1327 • Email: [asth@bigpond.com](mailto:asth@bigpond.com)

Websites: [www.asth.org.au](http://www.asth.org.au)

## SUBSCRIPTION RENEWAL 2009-2010

1<sup>st</sup> July 2009

Member #

Your ASTH membership for 2009-10 is now due for renewal.

Renewal fees for 2009/2010 are as follows:

- (i) Ordinary member - A\$45.00 (plus A\$4.50 GST for Australian residents)
- (ii) Associate member - A\$30.00 (plus A\$3.00 GST for Australian residents)

*Please note that a reactivation fee of A\$10 is payable for previously cancelled members who wish to re-join the Society. This fee also attracts GST for Australian residents.*

### To Renew your Membership

1. Membership details - page 2:
  - (i) Check that your address and contact details are correct and amend as necessary.
  - (ii) We would like to include the details you provide on the members only section of the ASTH web site. Please sign the consent box at the bottom of the form and tick the appropriate box to indicate whether you agree for your details to be included.
  - (iii) If you wish to renew your ASTH membership under the Associate Member category (conditions on page 3), please provide supporting documentary evidence when returning your payment (including the expected completion date of your training).
2. Tax invoice - page 3:
  - (i) Complete the payment details on the tax invoice.
  - (ii) Please indicate if you wish to have a merchant terminal sales voucher posted to you. A receipt will be sent by email (or by fax/post if you do not have email).

*Post or fax your completed tax invoice and your membership details form to the ASTH Secretariat.*

**Payment is due by Friday 7<sup>th</sup> August, 2009.**

If you do not wish to renew your membership, please sign and date the section at the bottom of this page and post or fax to the ASTH Secretariat.

Kind regards,

**Dr Megan Sarson**  
**ASTH Administrative Officer**

#### MEMBERSHIP CANCELLATION

Please cancel my ASTH membership.

**Signature:**

**Date:**

	<b>The Australasian Society of Thrombosis &amp; Haemostasis Ltd</b> ABN 43 293 710 560 PO Box 217, Glen Iris, Vic, 3146, Australia Telephone: +61 3 9388 9876 • Fax: +61 3 9380 1327 • Email: asth@bigpond.com Websites: www.asth.org.au
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## MEMBERSHIP DETAILS 2009/2010

**Name** **Member ID**

*Listed below is the mailing address you have provided the ASTH. If this address is not correct, please amend.  
(Please provide either your business or private address, but not a combination of both.)*

**This is my:** private  business  mailing address

<b>Institution:</b>			
<b>Position Title:</b>			
<b>Department:</b>			
<b>Address:</b>			
<b>Address:</b>			
<b>Address:</b>			
<b>Suburb/City:</b>		<b>State:</b>	
<b>Country:</b>		<b>Postcode:</b>	

*Listed below are the contact details you have provided the ASTH. If these details are not correct, please amend.  
(You are not required to provide all of your contact numbers; however, a daytime phone number and email address are the minimum. However, if you do not have access to email, a fax number will suffice.)*

<b>Business (Direct):</b>			
<b>Fax (Business):</b>			
<b>Email (Business):</b>			
<b>Phone (Private):</b>		<b>Mobile Phone:</b>	
<b>Fax (Private):</b>			
<b>Email (Private):</b>			

I GIVE CONSENT for my address and contact details to be included on the ASTH members only web site. I understand that my details will only be distributed to financial ASTH members and will not be disclosed to a third party.

**Signed:**

I DO NOT GIVE CONSENT for my details to be included in the ASTH members only web site.

I wish to renew my ASTH subscription for 2009/2010 as an Associate Member and have enclosed supporting documentary evidence.

<b>Office use only</b>			
<b>Member Type:</b>		<b>Expiry (Associate):</b>	
<b>Receipt No:</b>		<b>Creditcard Approval Code:</b>	
Payment confirmation sent <input type="checkbox"/>	Terminal sales voucher sent on request <input type="checkbox"/>	Cheque received <input type="checkbox"/>	
Database amended <input type="checkbox"/>	Outlook amended <input type="checkbox"/>	Email distribution list amended <input type="checkbox"/>	Web site amended <input type="checkbox"/>



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TAX INVOICE

1st July 2009

2009/2010 Subscription Fees (Australian Dollars)

Ordinary Members

Ordinary members shall be the subscribers to the Memorandum of Association and such other persons as are elected by the Council. They shall be such persons who have made written application to join the Company setting out their qualifications and who in the opinion of the Council are deserving of membership.

Associate Members

Graduates undertaking advanced training in clinical and/or laboratory haematology or undertaking a higher degree in the scientific aspects of haematology. Associate membership will only be available to those candidates not fulfilling the requirements for full membership and will be tenable for a maximum of four years after which it will lapse.

Table with 4 columns: Australian Residents (GST included), Non-Australian Residents (GST exempt), Member, Total. Rows include Ordinary, Associate, and Reactivation fees.

Payment due: Friday 7th August 2009

Please select your preferred payment method:

I have enclosed a cheque overseas bank draft money order for A\$..... (Please make cheques payable to the ASTH)

I authorise the ASTH to charge A\$..... to my creditcard account.

Please send me a copy of the merchant terminal sales voucher

Form for card payment details including Card type (Bankcard, MasterCard, Visa), Name of cardholder, Card no., Expiry date, and Signature of cardholder.

NB: For security purposes creditcard details are confidentially destroyed once payment has been approved