



Membership Renewal

AFFILIATE

Applicant Details

Name:	
Position:	
Organisation:	
Address:	
State:	Postcode:
Telephone:	Fax:
Mobile:	
Email:	Website:

Payment Details (Note: Membership Dues are inclusive of GST)

Please find enclosed my cheque for AUD\$_____ made payable to TEFMA (refer above for dues payable)

Please charge AUD\$_____ to my: Visa Bankcard Mastercard

Card Number:

Cardholders Name: _____

Signature: _____ **Expiry Date:**

THIS FORM WILL ACT AS A TAX INVOICE UPON PAYMENT

ABN 63 415 598 574

Please return completed form to:

Brigitte Cunningham
 TEFMA Secretariat
 C/- Leishman Associates
 113 Harrington Street
 Hobart TASMANIA 7000
 or fax to: (03) 6234 5958; email: info@tefma.com

PRIVACY ACT

In compliance with relevant National, Federal, State, and Territory Privacy Legislation, the following is brought to your attention:

- a) The Membership Application Form collects personal information about you;
- b) The information is collected for the purpose of determining whether you will be granted membership of TEFMA;
- c) The information is being collected for TEFMA and will form part of a membership directory and member records of all the members of TEFMA and is available to you. It may be used to inform you about products and services offered or recommended by TEFMA and opportunities to support the work of TEFMA;
- d) The information will be held and stored electronically by TEFMA; and
- e) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act.