



Education and research in the fight against high blood pressure

MEMBERSHIP FORM

To join the QHA/Salt Skip Program or renew your Membership, *please make cheques payable to Queensland Hypertension Association Inc.*, or complete credit card details below and *send to The Secretary, Queensland Hypertension Association, PO Box 193, Holland Park, QLD 4121, Australia.* Rates given below are in Australian dollars.

Title and full name:

Occupation:

Address for Correspondence:

Postcode:

Telephone (home):

(work):

(mobile):

Email:

New Subscription/ Renewal/ Australian/ Overseas Member/ (*√ tick one*)

New – Australian Member \$35.00 New – Overseas Member \$45.00

Renewal – Australian Member \$25.00

Renewal – Overseas Member \$35.00

I will pay \$ _____

Do you want a Receipt (tick one) Yes No

Please debit my credit card: (*√ tick one*)

Visa

Bankcard

Mastercard

Card No: -----/-----/-----/-----

Expiry Date: ----/----

Name on card: _____

Amount: \$ _____

I am joining QHA because:

(*√ tick one*)

I have hypertension

I have Meniere's Syndrome

QHA supporter

Other

OFFICE USE ONLY

Receipt No:

Date financial to:

Date received:

Date receipt sent:

**The Queensland Hypertension Association Inc,
PO Box 193, Holland Park Q 4121**