



**DSAC MEMBERSHIP\* &  
JOURNAL CLUB SUBSCRIPTION  
TAX INVOICE / STATEMENT**

GST No. 51-024-850

Name: .....

Address: .....

Telephone: ..... Fax: .....

Email: .....

Doctor     Nurse     Other (Please specify) .....

**1. Nov 2009 - Oct 2010 \*DSAC Membership Subscription (includes receipt of DSAC quarterly produced National Newsletter)**

Membership Renewal                       - or -                      New Membership Application

	<u>NZ</u>	<u>Aus</u>	
Membership – Doctors	\$75	\$85	\$ _____
Associate Membership – Nurses	\$50	\$60	\$ _____

**2. Nov 2009 - Oct 2010 \*DSAC Journal Club Subscription**

	<u>NZ</u>	<u>Aus</u>	
Full Journal Club Subscription - Adult and Children @	\$100	\$160	\$ _____
Partial Journal Club Subscription - Children only @	\$55	\$85	\$ _____
Partial Journal Club Subscription - Adults only @	\$55	\$85	\$ _____

\* Other International Subscribers –postage rates will apply - please contact the DSAC office for more information

TOTAL    \$ \_\_\_\_\_

*All prices include GST and are in NZ Dollars and are to be paid in NZ Dollars*

**METHOD OF PAYMENT (please tick)**

CHEQUE                        | CREDIT CARD   
Visa                       Mastercard                       Expiry Date:

Cardholder Number:

Cardholder Name:  
\_\_\_\_\_

Cardholder Signature:  
\_\_\_\_\_

**Please return this form to**  
DSAC: PO BOX 90723, Victoria Street West, AUCKLAND 1142  
Ph: 09 376 1422    Fax: 09 376 0790    Email: [dsac@ihug.co.nz](mailto:dsac@ihug.co.nz)

\* DSAC Membership is subject to DSAC Executive approval, in accordance with DSAC Inc. rules, clauses 4a and 4b.