

QONSIG Membership Application

Please complete this application for and send it with your membership fee to:

PO Box 1608, Coorparoo DC Qld 4151

Title: Miss / Ms / Mrs / Mr (please circle one)

Surname: _____

Given Names: _____

Address: _____

Postcode: _____

Telephone: (W) _____

(H) _____

Date of application: _____

Any fees being posted in must be in the form of a cheque or money order made payable to QONSIG. **Please do not send cash.**

Employer: _____

Current Position: _____

Qualifications: _____

Years of Orthopaedic Experience: _____

Areas of Interest: _____

Membership Fees: \$40.00 for Full Membership
\$25.00 for Associate Membership
\$10.00 for a badge.

Please indication what your fee includes:

Membership Badge