



Surgical Teams Volunteering Abroad

MEMBERSHIP APPLICATION FORM

The annual Ordinary Membership Subscription is **\$25** and Company Membership is **\$100**.
Please return this form with payment to OSSAA Inc., PO Box 138, Unley SA 5061.

A Jonson – Treasurer 08 83310894

Name: _____
(Please Print)

Company (if applicable) _____

Address: _____

_____ Postcode _____ Phone _____

Email: _____

Please tick appropriate boxes

- Individual (Ordinary) Membership \$25
 Corporate Membership \$100

Payment method

- Cheque made out to OSSAA Inc., or
 I wish to pay by Credit Card

Any donation being made \$..... should be added to the annual fee.

Credit card details (if applicable)

Cardholder's name: _____
(Please Print)

Amount: \$ _____

Credit card Visa MasterCard

(We are unable to accept AMEX or Diners Club Cards)

Credit card number:

Expiry date: _____ Signature: _____

OSSAA volunteer surgical teams provide help and a chance in life for many hundreds of people, especially children, who otherwise would remain isolated from appropriate medical support and assistance.