



Application for Membership

Please return this completed form to Membership@ccsofa.org.au

First Name:	
Last Name:	
Email Address:	
Alternate Email Address:	
Contact Number:	()
Preferred Address	
Street:	
Suburb:	
State:	
Postcode:	
Alternate Address:	
Street:	
Suburb:	
State:	
Postcode:	
Type of Membership*	<input type="radio"/> Ordinary Member (\$50.00)
Release of Details	<input type="radio"/> I do not wish the Management Committee of the CCSA to release my address details to organisations or companies approved by the Committee for distribution of relevant material, newsletters or advertising. I undertake to notify the CCSA in writing at such time as I wish to begin receiving advertising material.
Code of Ethics and Constitution of the Clinical Coders' Society of Australia Inc.	I understand that by joining the CCSA I agree to be bound by the Code of Ethics and Constitution of the Clinical Coders' Society of Australia Inc. Signature: _____ Date: _____

*Information about payment facilities will be provided once membership application has been approved.