



INTERNATIONAL SOCIETY FOR PELVIPERINEOLOGY

VICE-PRESIDENT DR BRUCE FARNSWORTH Email: info@pelviperineology.com
PO BOX 1094 WAHROONGA, 2076, NEW SOUTH WALES, Australia

ISPP MANUAL MEMBERSHIP RENEWAL FORM Return completed form to info@pelviperineology.com

FIRST NAME:

LASTNAME:

EMAIL ADDRESS.....

CITY COUNTRY

CONTACT MOBILE TELEPHONE NUMBER

CONTACT OFFICE TELEPHONE NUMBER

CHECK THE BOX BELOW TO CHOOSE YOUR CORRECT MEMBERSHIP CATEGORY

- SPECIALIST DOCTOR \$95
- ASSOCIATE MEMBER (LAWYER, JOURNALIST, INDUSTRY SUPPLIERCONSUMER ADVOCATE, NON MEDICAL) \$75
- TRAINEE DOCTOR/RESIDENT/ RESEARCH FELLOW \$55 NURSE/ ALLIED HEALTH/PHYSIO \$55
- CHECK THIS BOX TO ADD \$20 IF YOU WOULD LIKE A HARDCOPY OF THE JOURNAL POSTED TO YOU EACH QUARTER

CREDIT CARD INFORMATION MASTERCARD VISA PLEASE PRINT NUMBERS BELOW CLEARLY

CARD NUMBER.....

NAME ON CARD

EXPIRY DATE MM/YY/.....

CARD SECURITY NUMBER

YOUR CREDIT CARD BILLING ADDRESS

CITYZIP CODESTATE/PROVINCECOUNTRY

I certify that I am the true owner of this card and I authorize payment to the International Society of Pelviperineology Incorporated

TOTAL Amount \$AUD

Signature

Date.....

- MARK THIS BOX IF YOU WOULD LIKE ISPP TO AUTOMATICALLY RENEW YOUR MEMBERSHIP EACH YEAR