| Top End Pharmacy Students' Association | | | | | |
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| TEPSA is a student association which represents and serves in the interest of pharmacy students. By becoming a member of TEPSA you also become a member of the National Australian Pharmacy Students' Association (NAPSA) and International Students' Federation (ISPF). This entitles you to the eligible benefits that TEPSA, NAPSA and ISPF offers.  **Note: Annual membership fee is $10 and term runs from January 1 - December 31 2015** | | | | | |
| Membership Application 2014 | | | | | |
| Applicant Information | | | | | |
| First Name: Click here to enter text. | | Surname: Click here to enter text. | | | |
| Enrolled course: Click here to enter text. | | Cohort Year: 1,2,3 or 4 | | | |
| Student no: Click here to enter text. | | Phone: Click here to enter text. | | | |
| Email:Click here to enter text. | | Postal address:Click here to enter text. | | | |
| City:Click here to enter text. | State:Click here to enter text. | | | | Post Code:Click here to enter text. |
| Emergency Contact | | | | | |
| Emergency contact name:Click here to enter text. | | | | | |
| Phone: Click here to enter text. | | | | Relationship: Click here to enter text. | |
| what you want as a member | | | | | |
| As a member what would you like TEPSA to do more of: | | | | | |
| Health educational events  Fundraising events  Social events  Merchandising | | | Health promotion  Study assistance  Sport events  Other: Click here to enter text. | | |
| PRIVACY STATMENT | | | | | |
| The information collected in this form is necessary for the function and activities of TEPSA. TEPSA and our affiliated associations will not use your information for other purposes other than obligatory register of members. We will not disclose the information collected to other parties without your consent unless required by legislation. TEPSA or NAPSA may contact you to keep you up to date with activities and student issues. | | | | | |
| RETURNING THIS FORM | | | | | |
| Please fill out all the fields on this form and save the file. Email the saved file to [topendpharmacy@gmail.com](mailto:topendpharmacy@gmail.com) with the subject as ”*membership”* and we will process your membership. Alternately a hard copy of your form can be given to your respective TEPSA year representative. | | | | | |
| PAYMENT | | | | | |
| **TEPSA BANK ACCOUNT:** ACC NAME: TEPSAACC NO: 1059 6949 BSB: 065 903\*Please quote: your name in the description when paying by this method | | | | **CASH**  Cash in person to TEPSA representative  \*Please contact & arrange a payment time  E: topendpharmacy@gmail.com | |
| Signature of applicant: Click here to enter text.  *(Please type signature if this is an electronic copy)* | | | | | Date:Click here to enter text. |