



Let us hold high the lamp of service for the welfare of our hospitals

AFFILIATION RENEWAL FEE FORM - 2024

***** Fee Payments must be received PRIOR to 28th JUNE 2024 *****

Name of Branch		
Name of Region (i.e Hunter)		
Name of Branch Secretary		
Address of Auxiliary		
	Town:	Post Code:
Affiliation Fee Branch Payment details	Cheque No.	Payment Date:
Direct Deposit	Direct Deposit Reference Quoted:	
	Bank Branch:	Payment Date:
Office Use only	Received by:	Date:

IMPORTANT Direct Deposit payments – **Note Bank Details:**
Please quote your Registered **UHA BRANCH NAME** (not your branch location) to ensure we can easily reconcile your payment.

Account Name	Bank	Branch BSB	Account Number	Amount
UHA OF NSW INC.	COMMONWEALTH	062 217	1080 1776	\$33.00

Thank you for your payment

Please complete this form and email it to Head Office as proof of payment:

Email Address: admin@uhansw.com.au

or via mail:

**The Central Secretary,
PO Box 169
NORTH RYDE NSW 2113**