



**THE SOCIETY FOR MEDICAL
AND BIOLOGICAL ENGINEERING
(NSW) Inc**

ABN: 77 878 685 919

PO Box 215 Nowra, NSW, 2540

SMBE NSW MEMBERSHIP APPLICATION/RENEWAL FORM

Name: _____	Mobile: _____
Organisation or Affiliation: _____	
Email: _____	
Postal Address: _____	Postcode: _____

Membership year: 1 July 2026 to 30 June 2027

(Note: Membership includes discounted registration to the annual SMBE conference)

Membership Category	Conditions	Fee (AUD)	Select Category & Enter Amount
Ordinary Membership		\$50.00 each	
Group Membership	Group of 2 – 4 members	\$40.00 each	
	Group of 5 – 9 members	\$30.00 each	
	Group with more than 10 members	\$25.00 each	
Student Membership	Fulltime students only (proof required)	\$25.00 each	
Total - <i>Don't pay now! We will send you an Invoice for payment by EFT</i>			\$

Group membership: Please use a separate page for each member with full details

Please check your address details and e-mail address are correct so that we may advise you of upcoming events, and thank you for your support of SMBE NSW Inc.

Please email completed form(s) to: memberships@smbensw.org.au

For more information contact:

Bruce Morrison (President) by e-mail to: president@smbensw.org.au or

Bob Smith (Secretary/Treasurer) by e-mail to: treasurer@smbensw.org.au