



AUSTRALIAN KABUKI SYNDROME ASSOCIATION INC.

ABN 63 186 247 884

PO Box 507 Kensington Park SA 5068

www.kabukisyndromeassoc.com.au

FAMILY MEMBERSHIP

(1st January to the 31st December)

NEW MEMBERSHIP

RENEWAL

Family Membership covers Parents (Guardian) and their children to the age of 18years for one calendar year. Each family is entitled to one vote and all entitlements as for full membership. Correspondence will be directed to the person's name appearing first on the top of the application form.

PARENT/S (GUARDIAN):

NAME (S):

1.....

2.....

ADDRESS:

.....POST CODE.....

PHONE NO: (H)(W)

EMAIL:.....FAX:.....

PERSON WITH THE CONDITION OF KABUKI SYNDROME:

NAME:.....D.O.B...../...../.....M F

NAMES OF SIBLINGS:

D.O.B.

1...../...../.....M F

2...../...../.....M F

3...../...../.....M F

4...../...../.....M F

FEE \$ **35.00**

DONATION (if desired) \$.

AMOUNT PAYABLE \$ _____

ALL DONATIONS OVER \$2.00 ARE TAX DEDUCTABLE

PAYMENT may be made by CASH (not advisable to send by post) CHEQUE: MONEY ORDER: (made payable to the Association) BANK TRANSFER: to the ANZ BANK GLENSIDE, SOUTH AUSTRALIA 5065. **BSB: 015-257 Act. No. 492416845**

SIGNATURE:.....**DATE:**...../...../20

OFFICE USE ONLY: DATE RECEIVED: / / 20 **RECEIPT SENT:** / / 20 **MEMBERSHIP NO: FM.**