



AUSTRALIAN KABUKI SYNDROME ASSOCIATION INC.

ABN 63 186 247 884

PO Box 507 Kensington Park SA 5068

www.kabukisyndromeassoc.com.au

CORPORATE MEMBERSHIP

(1st January to the 31st December)

NEW MEMBER

RENEWAL

NAME OF CORPORATE BODY

.....
(If renewing membership, only fill in if there has been changes)

ADDRESS:

.....POST CODE:

PHONE NOS.:FAX:

EMAIL:

CONTACT PERSON: TITLE: MR / MRS / MISS / MS / DR / OTHER

GIVEN NAME:

ADDRESS:

..... POST CODE:

PHONE NOS: EMAIL:

FEE: \$100 00 \$ 100. 00

DONATION: (if desired) \$.

AMOUNT PAYABLE: \$ _____

ALL DONATIONS OVER \$2.00 ARE TAX DEDUCTABLE.

PAYMENT may be made by: CASH: CHEQUE: MONEY ORDER: (made payable to the Association).

BANK TRANSFER: (to ANZ BANK GLENSIDE, SOUTH AUSTRALIA 5065.

BSB: 015-257 Act. No. 492416845)

SIGNATURE:DATE: / / 20

PROFESSIONAL SUPPORT

The Board of the Association is interested in receiving offers from persons who in any of the following professions, would avail themselves for consultation to the Board or be a guest speaker at meetings

MEDICAL CHIROPRACTIC DIETICIAN SOCIAL WORK

NURSING PHYSIOTHERAPY SPEECH THERAPY OTHER

OFFICE USE ONLY: DATE RECEIVED: / / 20

MEMBERSHIP NUMBER: C.