



AUSTRALIAN KABUKI SYNDROME ASSOCIATION INC.

ABN 63 186 247 664

PO Box 507 Kensington Park SA 5068

www.kabukisynndromeassoc.com.au

FULL MEMBERSHIP

(1st January to the 31st December)

NEW MEMBER

RENEWAL

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

SURNAME:

GIVEN NAME:

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

ADDRESS:

..... POST CODE:

PHONE NOS: (H)..... (W)

EMAIL: FAX:

FEE:	\$ 10.00	\$.00
DONATION: (if desired)		\$.00
AMOUNT PAYABLE:		\$.00

ALL DONATIONS OVER \$2.00 ARE TAX DEDUCTABLE.

PAYMENT may be paid 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 Management Committee would be interested in receiving offers from persons who in the following professions would avail themselves for consultation to the Management Committee or be a guest speaker at meetings.

- MEDICAL CHIROPRACTIC SOCIAL WORK DIETICIAN
- NURSING PHYSIOTHERAPY SPEECH THERPEY OTHER

OFFICE USE ONLY: DATE RECEIVED: / / 200 MEMBERSHIP NUMBER F.