



AUSTRALIAN KABUKI SYNDROME ASSOCIATION INC.

ABN 63 186 247 884

PO Box 507 Kensington Park SA 5068

www.kabukisyndromeassoc.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: \$ 20.00 \$ 20.00

DONATION: (if desired) \$.

AMOUNT PAYABLE: \$.

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 Board of Management 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 THERAPY OTHER

SIGNATURE:

OFFICE USE ONLY: DATE RECEIVED: / / 20 MEMBERSHIP NUMBER F: