

Spina Bifida & Hydrocephalus Association of South Australia Inc
Membership Subscriptions 2007/2008

Thank you for your support!

By becoming a member you help us to continue our work, supporting people & families with Spina Bifida and/or Hydrocephalus throughout South Australia, Northern Territory, Broken Hill, Mildura & other Border Districts.

Membership fees are still only **\$22.00** (inc GST) for the financial year & are due by **1 July 2007**
Please fill out the following information and send this page to:
PO Box 459 WELLAND SA 5007 or fax to (08) 8366 5901

Types of Membership

Individual and Family membership gives full entitlement to the services available for individuals with Spina Bifida &/or Hydrocephalus & their immediate family, including voting rights at any constitutionally convened Association meeting. For Family membership, the adult person named below will hold these voting rights.

Associate membership is for any other person or group interested in the welfare of persons with Spina Bifida &/or Hydrocephalus

Individual Member (Persons over 18 years old) **Family** (child with Spina Bifida &/or Hydrocephalus) **Associate**

Personal Details

The Association respects your privacy. This information is for our records only and will remain confidential.

Title: _____ First Name/s: _____ Last Name: _____

Person with Spina Bifida/Hydrocephalus: _____ *Date of Birth:* ____/____/____
(If different to the person above)

Street: _____ Suburb: _____

State: _____ Post Code: _____ Home Phone: (____) _____ Mobile: _____

Email: _____ Employer: _____ Work Phone: (____) _____

Other Information: _____

Payment

I will pay **\$22.00** for my membership

I wish to give a \$ _____ donation (Donations are most welcome and if \$2 or more are tax deductible.)

Please find my Total Payment of \$ _____

Payment Type: Cheque / Money Order / Credit Card
(Cheques & Money Orders can be made out to SBHA)

Type of Card: Bankcard / VISA / Mastercard / Diners Club / American Express

Card Number: ____ / ____ / ____ / ____ **Expiry Date:** ____ / ____

Name on the Card: _____ **Signature:** _____