

Spina Bifida & Hydrocephalus Association of South Australia Inc

Membership Subscriptions 2011/2012

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 and other Border Districts

Membership fees are still only **\$22.00** (inc GST) for the financial year & are due by **1 July 2011**
Please fill out the following information and send this page with payment 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
Please note: Family membership is only available where the family member with Spina Bifida &/or Hydrocephalus is under the age of 18. For Family membership, the adult person named below will hold these voting rights.

Perpetual Membership is available for any member and will last for your lifetime

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

- Individual Member** (A person over 18 years) **Family Member** (child with Spina Bifida or Hydrocephalus)
 Perpetual Member (once only fee of \$220.00) **Associate Member**

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 Details

- I am paying **\$22.00** for Membership OR
 I am paying **\$220.00** for Perpetual Membership
 I wish to give a donation of \$ _____ (Donations are most welcome and if \$2 or more are tax deductible.)

My Total Payment is \$ _____

Payment Type: Cheque / Money Order / Credit Card

(Cheques & Money Orders can be made out to Spina Bifida & Hydrocephalus Association of South Australia Inc)

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

Card Number: _____ / _____ / _____ / _____ **Expiry Date:** ___/___ **CCV** _____

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