

Membership Application Form



Name

Mailing Address

Post Code

Phone

Email

Membership Type

- Individual \$ 5.00
- Couple \$ 10.00
- Corporate or Group \$ 20.00
- Junior (under 18) \$ 2.00
Date of Birth: ____ / ____ / ____
- I would like to make a donation \$ _____
- Total \$ _____

- I would like to receive confidential information on including Kurrajong Waratah in my Will.

Payment Type

- Cheque enclosed Cash/Money order
- OR Credit Card VISA Mastercard

Name on card: _____

CARD NUMBER:

Expiry Date: (MM/YY) ____ / ____

Signature: _____

Additional Information

So that we can better know our member's needs, please provide this additional information:

- Parent of person with a disability
- Carer/sibling
- Carer of person with a disability
- Relative of someone with a disability
- Community member
- Donor/supporter

Member One:
Name

Member Two:
Name

< 25 years

< 25 years

26-50 years

26-50 years

51-65 years

51-65 years

66+ years

66+ years

Please return form and any donation in the enclosed reply-paid envelope to: PO Box 8576, Wagga Wagga NSW 2650