Application for Renewal of Membership

Please Print

Full Name — Mr / Mrs / Ms / Miss / Dr / Prof

Address

Postcode

Home Tel ( ) Work Tel ( )

Mobile Tel ( ) Email

I would prefer to receive notification of newsletters/ events via ☐ email ☐ post

I would prefer to receive a copy of the Annual Report via ☐ email ☐ post

Tax Invoice – ABN 45 000 062 288

Type of Membership (Please tick the appropriate box)

☐ Member with a Disability ☐ Support Member (Parent, Primary Carer, Guardian) ☐ Invited Member

Membership Fee (Please tick the appropriate box)

☐ $30 for 1 year ☐ $80 for 3 years ☐ $100 for 4 years

Voluntary Contribution

(Donations of $2.00 or more are tax deductible and will be acknowledged by an official receipt)

☐ $20 ☐ $50 ☐ $100 ☐ $200 ☐ more than $200.00 - $

Payment Options

I/ We hereby apply for renewal of membership of Cerebral Palsy Alliance and if so admitted agree to be bound by the Memorandum and Articles of Association of the Company.

Signature/s Date / /

I/We enclose cheque/money order for

OR please charge my ☐ Mastercard ☐ Bankcard ☐ Visa ☐ American Express

Number

Amount Expiry date Signature

Please post this form, together with payment, to:

Tony Cannon
Company Secretary
P.O. Box 184 BROOKVALE NSW 2100

Office use only
A/C: 10 701 000 4049 Membership

TQ10 635 401 000 4022 Donations
Source Code DONMEM

COR7017 2/13