

New Membership / Renewal of Membership 2021 / 2022

Name:

Address:

Phone (Voice): (TTY):

Mobile: text only Facsimile:

Email:*

New Applications only:

Background: *(A brief personal background and tell us why you would like to become a member.)*

.....

.....

*We regularly correspond with members via email so if you do have one, please let us know.

A) FULL MEMBERSHIP:

Individual membership \$50 Organisation membership \$50 Family Membership \$25

I will be paying by:

Cheque/Money Order (made payable to Deaf Children Australia)

Credit Card: Mastercard Visa Amex

Credit Card Number: Expiry Date:/.....

Name on card: CSC:.....

Signature:

B) NON-VOTING MEMBERSHIP

Associate membership – FREE

Junior membership – FREE

C) DONATION

I would like to make an additional donation \$.....

Send Completed Form to: Membership
Deaf Children Australia
PO Box 6466
MELBOURNE VIC 8008

If paying by credit card, the completed form can be emailed to: angela.woodruff@deafchildren.org.au

Office Use Only:

Date Received _____ Details updated _____

Receipt No: _____