



APPLICATION/RENEWAL MEMBERSHIP FORM

FULL MEMBERSHIP

Name: (Mr/Mrs/Miss/Dr) (please print)

Address Suburb

Postcode Tel email

I would like to join Better Hearing Australia (WA) and enclose my cheque/postal order for:

1 January to 31 December 2004 **\$108**

Donation (optional) **\$.....**

TOTAL **\$..... (inc GST)**

Receipt required? Yes / No

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AFFILIATED MEMBERSHIP

Name: (Mr/Mrs/Miss/Dr) (please print)

Address Suburb

Postcode Tel email

1 January to 31 December 2004 **\$27.50**

Donation (optional) **\$.....**

TOTAL **\$..... (inc GST)**

Receipt required? Yes / No

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STUDENT MEMBERSHIP

Name: (Mr/Mrs/Miss/Dr) (please print)

Address Suburb

Postcode Tel email

1 January to 31 December 2004 **\$22.00**

Donation (optional) **\$.....**

TOTAL **\$..... (inc GST)**

Receipt required? Yes / No

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DONATIONS \$2 AND OVER ARE TAX DEDUCTABLE AND WOULD BE MOST GRATEFULLY APPRECIATED