

ALZHEIMER'S AUSTRALIA GOLD COAST INC.

MEMBERSHIP APPLICATION FORM

(Memberships cover financial year 1st July to 30th June)

Title..... Surname

First Name.....Organisation (for Corporate Members).....

Address:

Suburb: Post Code..... Application Date

Telephone (Home) Telephone (Business)

Email Address

Are you a Family Carer Health Professional Healthcare Worker Other _____

PLEASE COMPLETE AND RETURN WITH MEMBERSHIP FEE

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

ORGANISATIONAL MEMBERSHIP @ \$ 55.00 ea **Total** \$

ORDINARY MEMBER @ \$ 22.00 ea **Total** \$

CONCESSIONAL (Pension card Holder) @ \$ 11.00 ea **Total** \$
(all inclusive of GST)

*Donations in support of the Organisation's work are also needed and greatly valued.
All donations of \$2 or more are tax deductible and receipts are forwarded for all donations.
To make a gift in support of our work, please tick a box below.*

I wish to make a donation of: \$200
 \$100
 \$ 50
 \$ 20
 \$ 10

Enclosed please find the amount of: \$..... for **Membership** / **Donation** / **Both** (Circle)

Cheque / Cash or charge to my Mastercard Visa Bankcard

Card Number: - - - - -

Name on Card: Expiry Date:

Signature:

Please return to: Alzheimer's Australia Gold Coast Inc.

PO Box 184 Arundel Business Centre 4214 QLD

Ph: (Arundel) 5594 0270 (Merrimac) 5530 4333 (Mudgeeraba) 5525 1657 (In Home Care 5559 1104)

*TO PROVIDE REPRESENTATION AND SUPPORT, WHILE ADVANCING THE INTERESTS OF INDIVIDUALS WITH
DEMENTIA AND THEIR CARERS, AT A PERSONAL, COMMUNITY AND POLITICAL LEVEL.*

ABN: 36 240 459 588