



TURNER SYNDROME ASSOCIATION OF AUSTRALIA LIMITED

ACN 058 456 250 ABN 90 058 456 250

PO BOX 112, FRENCHS FOREST NSW 1640
Telephone: 02 9452 4196 Facsimile: 02 9975 4037
Email: info@turnersyndrome.org.au
Web Site: www.turnersyndrome.org.au

MEMBERSHIP APPLICATION FORM - 2007-2008

Name:

Address:

..... Post Code:

Telephone: (__ __).....

Email:

| <u>ANNUAL MEMBERSHIP FEE</u> | |
|---|--|
| <input type="checkbox"/> \$30.00 Ordinary Member | <input type="checkbox"/> \$250.00 Corporate Member |
| <input type="checkbox"/> \$15.00 Student/Pensioner/Unemployed (Members must be over 18 years) | |
| <input type="checkbox"/> \$40.00 Australian – Overseas Member | |
| <u>Payment Details</u> | |
| Payment can be made by <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque (Australian \$ only) | |
| Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | |
| Name on Card: Expiry Date:/..... | |
| Signature: | |
| Please send a receipt: <input type="checkbox"/> <u>Donation(Tax Deductible):</u> \$..... | |
| TOTAL AMOUNT ENCLOSED: \$..... | |

Please tick where appropriate: New Member Renewal
Turner Individual Medical/Social Services Corporate
Parent (Name and Age of Daughter)
Other Relative Interested Public

I would like to help the Association - Yes/No I can help with -
.....
.....
.....