

Membership Application Subscription Renewal Notice

Please return to:
CleftPALS Qld Inc.
PO Box 346
Red Hill Qld 4059

Telephone/Fax: 1300 362 056
email: cleftpal@powerup.com.au

I/we wish to subscribe to/renew our membership of CleftPALS QLD Inc for the period 2012-2013

Name:.....

Address:.....

Postcode: Phone: Mob:

e-mail address (please print neatly):.....@.....

Do you wish to receive information via e-mail Yes No

Do you wish to receive your CleftPALS Newsletter via email Yes No

Please confirm email address:@.....

New Members Only

We are: Parents Relatives Other Interested person/s

Our Child is a : Boy Girl (Given Name/s) (Surname)

and was born at on / /20

Hospital where surgery will take place:.....

Type of Cleft: Complete Bi-lateral Complete Uni-lateral Other.....

Palate only Lip only Lip & palate

We enclose: \$25 Annual Membership \$15 Special Needs Membership
*\$30 after 16/06/2012 (e.g. Pensioner)

*Subject to special resolution being passed at AGM

\$..... Donations

Method of Payment:

Cash Direct Internet Payment

Cheque Money Order

Direct Deposit/Internet Banking details: BSB:638-070 A/C No: 729 1248 Ref MEMB_Your Name

Note: Other than for donations, receipts will not be issued unless requested.

Receipt required.

To assist with fundraising, I agree/decline to receive raffle tickets to sell as a ticket seller on behalf of CleftPALS Qld Inc. (*guidelines to the conduct of Minor Art Unions in Queensland*)

Agree Decline

Signature:.....Date:.....

(Donations to CleftPALS of \$2 or over are deductible for Income Tax purposes).

CleftPALS Qld Inc have Public Liability Insurance cover to the value of \$30 Million