



MEMBERSHIP FORM

ABN 91 052 654 451

Completed forms may be either:

emailed to info@heartlungtransplantfoundation.org.au
posted to PO Box 707, West Perth WA 6872, or
faxed to (08) 94813938

MEMBERSHIP INFORMATION

Name	
Address	
	Suburb/City
State	Post Code
Telephone	Mobile
Email	

MEMBERSHIP

<input type="checkbox"/> Individual 5 Year Membership	\$5.00	<input type="checkbox"/> Corporate 5 Year Membership	\$100.00
Your nominal membership fee includes invitations to events, news flashes and a copy of the Foundation's newsletter and yearly report.			

PAYMENT

The Heart & Lung Transplant Foundation of WA Inc will process your membership application upon approval by the Board and receipt of the appropriate fee.

Method of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Electronic transfer	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Account Name: Heart and Lung Transplant Foundation BSB: 016 314 Account: 498 655 054 Transfer Reference: Your name				
Credit Card Number		Expiry Date		
Signature		Date		

ACKNOWLEDGMENT

Please read the statement below and sign at the bottom. Your membership/renewal cannot be completed without a signature.

I, _____ hereby request to become a member of the Heart & Lung Transplant Foundation of WA Inc. I understand the Foundation is a not-for profit organisation and agree not to collect monies on behalf of the Foundation unless prior permission has been given.

Signature	Date
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