



WESTERN AUSTRALIA

**HEART & LUNG
TRANSPLANT FOUNDATION**

Every breath and every heartbeat

MEMBERSHIP FORM

ABN: 91052654451

www.heartlungtransplantfoundation.org.au

Completed forms may be either:

Faxed to (08) 94813938

Posted to PO Box 688 Mt Lawley WA 6929 or,

Emailed to info@heartlungtransplantfoundation.org.au

MEMBERSHIP INFORMATION

Name:

Address:

Suburb/City:

State:

Post Code:

Telephone:

Mobile:

Email:

Please circle (Optional): Gender: Male/Female/Other Age(years): 18-25 26-35 36-50 50+

MEMBERSHIP

 Individual 5 Year Membership: \$5 Corporate 5 Year Membership: \$100 I would like to receive Heart & Lung Transplant Foundation emails

Your nominal membership fee includes invitations to events, news flashes and a copy of the Foundations 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 appropriate fee.

Method of Payment: Cash Cheque Credit Card
(Mastercard or VISA – please circle card type)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:

ACKNOWLEDGEMENT

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: