



PO BOX 283,
WESTMEAD HOSPITAL, NSW, 2145

Membership/Donation Form

To enable us to continue our work of supporting those affected with Connective Tissue Disorders and their families, we need your support. Please consider donating.
Thank you.

TITLE	FIRST NAME	SURNAME	
ADDRESS			
SUBURB / TOWN		STATE	POSTCODE
TELEPHONE/CONTACT	MOBILE		
EMAIL ADDRESS		Would you prefer to be contacted by email: Yes/No	
MEMBERSHIP 2015-2016 – One Year \$5.00 per person		\$	
MEMBERSHIP 2015-2020 – Five Years \$25.00 per person		\$	
Donation (Tax Deductible over \$2)		\$	
TOTAL		\$	

I would like to submit the above total for payment by:

Money Order Cheque made payable to: ("ConnecteD for Kids")

Or please debit my

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa		
Cardholder Name: _____			
Card Number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:		CCV No:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Signature: _____			

Membership is \$5.00 per person per year.
Payment can be made by Cheque, Money Order, Mastercard or Visa.
Donations over \$2.00 are tax deductible. \$10 minimum Credit Card payment.
ABN: 78 484 039 441