

Melbourne East Disability Advocacy Inc.

APPLICATION FOR MEMBERSHIP



Send this Application to:
Melbourne East Disability Advocacy Inc.
C/O Whitehorse Community Resource Centre, Level 1,
79 Mahoney's Rd
Forest Hill,
VICTORIA 3131
ABN: 84 708 313 472

TAX INVOICE/RECEIPT

October 1st 2017 - September 30th 2018

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE (receipts will be issued)
(Membership fees inclusive of GST)

Cash or Cheque only

Please Tick

<input type="checkbox"/>	Individual	\$30.00
<input type="checkbox"/>	Concession (student/pension).....	\$ 5.00
<input type="checkbox"/>	Organisation.....	\$50.00
<input type="checkbox"/>	Donation (optional).....	
	TOTAL incl. Membership.....	\$

I, the person whose details appear below, am applying for membership of Melbourne East Disability Advocacy Inc. and agree to pay the annual subscription on 1st October each Year.

Family Name: _____

Given Names: _____

Address: _____

Postcode: _____

Phone Number: (H) _____ (B) _____

Email: _____