



BETTER HEARING AUSTRALIA BRISBANE INC.

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ABN No. 63 635 006 315

MEMBERSHIP FORM 1 July 2016—30 June 2017

PLEASE COMPLETE AND FORWARD WITH PAYMENT TO ADDRESS ABOVE
KINDLY PRINT IN BLOCK LETTERS.
FORM MUST BE RETURNED EVEN IF PAYMENT IS MADE BY DIRECT CREDIT.

Mr / Mrs / Miss / Ms / Other (*Please circle*)

Surname.....

First / Given Name.....

Address.....

.....Postcode.....

Postal Address.....

.....Postcode.....

Phone Nos - VoiceTTY.....Mobile.....

Fax.....

Email.....

New member

Existing member

TYPE OF MEMBERSHIP: (Prices are inclusive of GST)

Individual \$44.00

Family \$55.00

Individual—Concession \$40.00

Family—Concession \$50.00

I / We hereby apply for new / continued membership and agree to abide by the Constitution and Policies and Procedures of Better Hearing Australia Brisbane Inc.

Signature.....Date.....

All new applications are presented to the Board for acceptance into Membership

Payment for Membership can be made via EFT to -

Bank of Queensland, BSB No. 124-195, Account No. 20289578

- The deposit MUST be identified with the depositor's name
- Please send a confirmation email to bhabris@bigpond.com advising member's name, date, amount paid and type of membership
- The responsibility for misdirected deposits resides with the depositor

(To make a donation, please contact the office for more information)

BETTER HEARING AUSTRALIA BRISBANE INC.

VISION STATEMENT

To provide, without discrimination, quality services and support for people seeking assistance regarding hearing issues

OBJECTS

Our aim is to provide quality services and support for people seeking assistance regarding hearing issues. It entails developing and maintaining processes aimed at achieving ongoing proficiency in the realization of our aims and objectives.

This involves the Board, staff and volunteers taking individual responsibility for the quality of their work, striving for a continuously improving work environment.

Quality objectives:

1. Offer support and understanding;
2. Encourage the values of independence, self-confidence, caring and mutual respect;
3. Provide opportunities for service users to improve communication and interpersonal skills;
4. Establish and maintain an environment which responds to identified needs of service users;
5. Encourage the adoption of lifestyles and work practices which prevent unnecessary hearing disabilities
6. Promote understanding in the wider community of the issues related to hearing loss

I heard about BHA from -

- Doctor
- Audiologist
- Other

or I am Self—referred

I wish to join Better Hearing Australia Brisbane because

I am interested in -

- Receiving the weekly email news-sheet. I understand that I will always have the option not to continue to receive this news-sheet and can discontinue at any time.
- Receiving the bi monthly newsletter
- Receiving the 'Better Hearing' magazine (3 issues per year)
- Attending classes or information sessions
- Attending social events
- I am interested in volunteer work which could assist BHA

OFFICE USE ONLY

PAID Rcpt. No..... Date.....

Proposer Date.....

Seconder Date.....

MEMBERSHIP APPROVED.

Signature Date.....