Better Hearing Australia Brisbane Inc. Email: info@bhabrisbane.org.au
PO Box 5334, West End Qld 4101 **Phone (Voice & TTY):** 07 3844 5065 ABN No. 63 635 006 315
www.bhabrisbane.org.a

BETTER HEARING AUSTRALIA

2020 MEMBERSHIP FORM

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 - Voice ..... TTY.....

Mobile.....

Fax.....

Email.....

☐ New member ☐ Existing member

TYPE OF MEMBERSHIP: (Prices are inclusive of GST)

12 month

☐ Individual $44.00 ☐ Family $55.00
☐ Individual—Concession $40.00 ☐ Family—Concession $50.00

6 month

☐ Individual $33.00 ☐ Family $41.25
☐ Individual—Concession $30.00 ☐ Family—Concession $37.50

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. 124-089, Account No. 20289578

- The deposit MUST be identified with the depositor's name
- Please send a confirmation email to info@bhabrisbane.org.au 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)