



Membership Application Form

Name of Individual or Nominated Representative for an Organisation

First Name: Last Name:

Name of Organisation (if applicable):

Address / Organisational Address:
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Suburb: State: Postcode:

Phone/Mobile: Email:

ABN of organization (if applicable)

Signature of Member / Authorised Representative:

I give consent to the collection, holding, use and disclosure of my personal information in accordance with the Australian BPD Foundation privacy policy available at bpdfoundation.org.au. Please also note that we may send you information regarding BPD, the activities of the Foundation and related matters which we think may be of interest to you. You may opt-out of receiving such messages by contacting us by email at any time.

Type of membership

- Individual Free
- Organisation \$100 (inc GST)
- Donation^

TOTAL _____

Payment options

- Paypal (via our website)
- Direct Debit: Australian BPD Foundn
- Cheque/Money Order (made payable to Australian BPD Foundation BSB 633 000 A/C 1612 04128)

^Donations of \$2.00 or more are tax deductible

