



Australian BPD Foundation Limited

Support Promote Advocate for Borderline Personality Disorder

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Membership Application Form

Name of Individual/Family Member or Nominated Representative for an Organisation

Title First Name

Last Name

Form fields for Name of Individual/Family Member or Nominated Representative for an Organisation

Name of Organisation (if applicable)

Form field for Name of Organisation (if applicable)

Address/Registered Business address

Form fields for Address/Registered Business address

Suburb

State

Postcode

Form fields for Suburb, State, Postcode

Phone/Mobile

Email

Form fields for Phone/Mobile, Email

ABN of Organisation (if applicable)

Form field for ABN of Organisation (if applicable)

SIGNATURE of Member or Nominated Representative

Form field for SIGNATURE of Member or Nominated 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

Rate

Payment Options

Individual*

Free

Cash

Organisation

100.00

Cheque/Money Order (made payable to Australian BPD Foundation Ltd)

Donation^ (optional)

^Donations of \$2.00 or more are tax deductible.

TOTAL

Credit Card (please fill in details below)

*You will remain a member until you opt out

Direct Debit: Australian BPD Foundation BSB:633000 A/C:146983754

PayPal (via our website)

Mastercard Visa Amount \$

Form fields for card details including EXPIRY and CVV

Name on Card

Form field for Name on Card

Signature

Form field for Signature