



**Australian BPD  
Foundation Limited**

*Support Promote Advocate  
for Borderline Personality Disorder*

1/37 Mollison Street,  
ABBOTSFORD Victoria 3067  
+61 3 8803 5588  
[admin@bpdfoundation.org.au](mailto:admin@bpdfoundation.org.au)  
<http://bpdfoundation.org.au>  
ABN: 83 163 173 439

## Membership Application Form 2016/17

New member     Renewal

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

Title    First Name    Last Name

--	--	--

Name of Organisation (if applicable)

--

Address/Registered Business address


Suburb

State

Postcode

--	--	--

Phone/Mobile

Email

--	--

ABN of Organisation (if applicable)

--	--	--	--	--	--	--	--	--	--

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](http://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
<input type="checkbox"/> Individual	20.00	<input type="checkbox"/> Cash
<input type="checkbox"/> Individual (Concession/Unemployed)	Gold coin	<input type="checkbox"/> Cheque/Money Order (made payable to Australian BPD Foundation Ltd)
<input type="checkbox"/> Family	30.00	<input type="checkbox"/> Credit Card (please fill in details below)
<input type="checkbox"/> Organisation	100.00	<input type="checkbox"/> Direct Debit: Australian BPD Foundation BSB:633000 A/C:146983754
<input type="checkbox"/> Associate Membership*	N/C	<input type="checkbox"/> PayPal (via our website)
<input type="checkbox"/> Donation^ (optional)		

\*Associate membership does not include the right to vote.  
^Donations of \$2.00 or more are tax deductible.

TOTAL              

Mastercard     Visa   

Amount

--

EXPIRY

--	--	--	--	--	--	--	--	--	--

Name on Card

--

Signature

--