TAX INVOICE

Scleroderma Victoria Inc.

Incorporation No.A0017798A ABN 45 674 166 348

MEMBERSHIP FORM

New members are always welcome

Mr / Mrs / Miss / Ms / Dr First Name _____

Family Name _____

Address _____

_____ State _____ Postcode_____

Date of Birth _____ Contact number/s_____

Email _____

I, being the applicant named on this application for membership, hereby apply to become a member of Scleroderma Victoria Incorporated. In the event of my admission as a member I agree to be bound by the rules of the association in force at the time.

Signature _____ Date _____

☐ **NEW MEMBER** ☐ **RENEWAL**

ANNUAL FEE ☐ Full: $30.00 ☐ Concession: $15.00 (Pensioner/Student No.) _____

I wish to pay for ☐ 1 year ☐ 2 years ☐ other $_____

Donation: (Donations of $2.00 and over are tax deductible)

To Scleroderma Victoria $_____

To the Kerry McDonald Memorial Equipment Fund $_____

To Scleroderma Australia for research $_____

☐ Please tick if receipt required **Total** $_____

METHOD OF PAYMENT

☐ EFT **(please use your surname as your reference)**

Account Name: Scleroderma Victoria Inc. Account No: 10157937 BSB: 063215

☐ Cheque/Money Order

☐ Credit Card – Please use the secure online payment gateway at sclerodermavictoria.com.au

Please debit: ☐ Mastercard ☐ Visa

___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ Expiry date ___ /____

Credit Card No.

Cardholder's Name _____ Signature _____ CCV* __ __ __

*Must be provided for your payment to be processed

Completed forms can be retuned to:

The Secretary, Scleroderma Victoria

St Vincent's Hospital, 41 Victoria Parade, Fitzroy Vic 3065

Or scan and email to: enq@sclerodermavictoria.com.au

Visit www.sclerodermavictoria.com.au for more information