

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 (preferred) Cheque Money Order Credit Card

PAYMENT BY EFT (please use your surname as your reference)

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

Please debit: Mastercard Visa

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

Credit Card No.

Cardholder's Name _____ Signature _____

Completed forms can be returned 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