



Association for Brazilian Bilingual Children's Development Inc /ABCD

## Membership Application

Please fill details below, sign and return with your payment.

Member No. \_\_\_\_\_ (office use)

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

Post Code \_\_\_\_\_

Tel.: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(M) \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children

DOB

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Member No. \_\_\_\_\_

Name \_\_\_\_\_ Choose one option:

½ year until 30 Jun 2010

\$ 12.50 (if paid after 01 Jan 2010)

1 year from July 2010 until 30 Jun 2011

\$ 25.00

3 years From July 2010 until 30 Jun 2013

\$ 60.00

Payments can be made via our webpage [www.abcd.org.au](http://www.abcd.org.au).

Alternatively send cheque or money order payable to "Association for Brazilian Bilingual Children's Dev".

Please send signed form and payment/proof of payment to:

Administrator, ABCD, PO Box 573, Forestville NSW 2087.

I agree to be bound by the rules of the association for the time being in force.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

~~Office Use Only~~

~~FY: \_\_\_\_\_ Receipt No.: \_\_\_\_\_~~

~~FY: \_\_\_\_\_ Receipt No.: \_\_\_\_\_~~

~~FY: \_\_\_\_\_ Receipt No.: \_\_\_\_\_~~

~~FY: \_\_\_\_\_ Receipt No.: \_\_\_\_\_~~