

Member No.

**AB<sup>2</sup>CD – Association for Brazilian Bilingual Children’s Development Inc.**  
**(incorporated under the *Associations Incorporation Act 1984.*)**

**Membership Form**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone N°: \_\_\_\_\_ Mobile N°: \_\_\_\_\_

Email: \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please circle one:**

Family membership                      \$20 per year                      \$ 50 for 3 years  
Entity membership                      \$50 per year

In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send your complete membership form with payment to:

AB<sup>2</sup>CD  
PO Box 573  
Forestville NSW 2087

Thank you.

Office Use Only	
FY: _____	Receipt No: _____
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