

MEMBERSHIP FORM

Please complete details below and return it with your payment.



Member No. _____ (Office Use Only)

Name _____

Tel.: (H) _____

Spouse _____

(W) _____

Address _____

(M) _____

Fax: _____

E-mail _____

Children

DOB

Choose one option:

3 years membership until 30/06/2017 \$ 90.00

1 year membership until 30/06/2015 \$ 40.00

Send direct deposit/ transfer to Commonwealth Bank Account name: Assoc for Brazilian Bilingual Children's Develop Inc, BSB: 062 170, Account No: 10090609 (Please put **your name** on the deposit for identification purpose);

Or send cheque (payable to ABCD) or money order to ABCD, PO Box 573 Forestville 2087; Form can be sent to PO Box 573 Forestville 2087 or Scan to admin@abcd.org.au

Or pay online at www.abcd.org.au (Links page).

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

Signature

Date

