



Membership Application/ Renewal

Name:			
Address:			
Suburb:		Postcode:	
Email:			
Home Ph:		Mobile:	
Deceased Person:		Date of Loss:	
Relationship to you:		Age:	
Please provide newsletter by		Email / Mail <i>(circle your choice)</i>	
Please send me other relevant information from networks of SOSBSA:		Yes / No <i>(circle your choice)</i>	

I/We understand that all information is collected for the purpose of providing a service to the members of the association but is also protected under the provisions of the Privacy Act. I/We apply for membership to SOSBSA and understand that my/our membership is bound by the conditions set out in the SOSBSA's constitution.

I enclose payment for the following:			
Membership:	Type: <i>(see below)</i>		
Donation:			
TOTAL:			

Signature:		Date:	
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Pensioner /Students	\$20.00 per annum
Adult Member	\$30.00 per annum
Family Membership	\$50.00 per annum
Not-for-Profit Organisations	\$50.00 per annum
Affiliate Business Member	\$100.00 per annum

Thank you for your support

Payment can also be made directly into our bank account.

BSB: 034637 Account: 379746

Ref: YOUR NAME membership – if too many words please use your name.