

STROKE ASSOCIATION OF VICTORIA Inc.

APPLICATION FOR MEMBERSHIP

I/We wish to apply for membership to the Stroke Association of Victoria Inc.

Membership includes copies of our "Stroke Talk" Magazine when produced.

Type of membership required (Tick one) Single or Family

Name (Mr, Mrs, Ms, Dr, Other)

Partner's Names (If Family membership)

Postal AddressPost Code

Contact Telephone Number

Single Membership	-	\$18.00 pa	All amounts
Family Membership	-	\$25.00 pa	include GST
Support Group and Organisations	-	\$25.00 pa	

Are you a member of a Stroke Support Group? (Tick one) Yes or No
 If "Yes", of which Group are you a member?.....

If "No", would you like to receive details of the nearest Stroke Support Group to your area?
 (Tick one) Yes or No

If you have an email address would you be interested in receiving correspondence such as general S.A.V. information, member notices, respite weekend and seminar notices at your email address? (Tick one) Yes or No

Would you prefer to receive "Stroke Talk" at your email address? Yes or No
 If "Yes" to either question, please write your email address below,

Email address (print).....

REMITTANCE DETAILS

TO -- Treasurer, Stroke Association of Victoria Inc, PO Box 226, GEELONG Vic 3220

Enclosed is a cheque / M.O. for an amount of \$ (Do NOT send cash through the mail)

OR

A Direct Credit of \$ has been made to **BSB 633-000 Account No. 129884664**
 (This may be made at your local Bendigo Bank branch or on Internet Banking)

OR


Please charge my Visa Mastercard Debits to Amex and Diners cards are not available

Card Expiry Date

Name on Card..... /.....

Signed Date

Cheques should be made payable to - **Stroke Association of Victoria Inc.**

If you have any inquiries contact Clare, our Secretary, on  (03) 5278 7980

For Office Use Only Received.....Receipt No..... Receipt.....DB Amended.....
 Date Posted