

Stroke Support Group Membership Form

Coordinator Contact Details

Full Name: _____

Postal Address: _____

Suburb: _____

State: _____ Postcode: _____

Phone: _____

Email Address: _____

Group Details

Group Name: _____

Group Phone: _____

Group Location Address: _____

Suburb: _____

State: _____ Postcode: _____

Meeting day: _____

Meeting time: _____

Occurrence (please circle): Weekly/Fortnightly/Monthly

Payment Details

Membership is \$30 per Group per year.

Payment can be made via our website: <https://www.strokeassociation.com.au/donate>

Please include your Group name in the *Your Message* field

Membership Payment Date: _____