

Birthing Kit Foundation Australia

Membership application form



**Birthing Kit
Foundation**
Australia

Please complete the application form and return to memberships@bkfa.org.au or post to
Memberships/Birthing Kit Foundation Australia
PO Box 330
Belair SA 5052

Please note that membership runs from the time you join until 30 June.

I am over 18 years of age and agree to be bound by the BKFA Constitution		Yes <input type="checkbox"/>	
I would like to become an individual member of BKFA for	1 year/\$25	<input type="checkbox"/>	
	3 years/\$75	<input type="checkbox"/>	
	5 years/\$125	<input type="checkbox"/>	
I would like to become a corporate member of BKFA for	1 year/\$60	<input type="checkbox"/>	
	3 years/\$180	<input type="checkbox"/>	
	5 years/\$300	<input type="checkbox"/>	
Additional Donation		\$	
Title and full name			
Company/Club name (if applicable)			
Address			
Postcode		Ph number (mob)	
Ph number (home/business)			
Email		Please send annual report by email Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please send me a copy of the BKFA newsletter		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Payment details

My **cheque/money order** for \$ made payable to *Birthing Kit Foundation Australia* is enclosed

Please debit my credit card	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>		
Card number			
Security code	Expiry date		
Name on card			

I have made a direct transfer via EFT to Birthing Kit Foundation (Australia)

BSB: 015560 **ACC:** 492737593 **SWIFT CODE:** ANZBAU3M

Please include your name in the details of the payment

Signature		Date	
-----------	--	------	--

Office use	Receipt no		Member no	
------------	------------	--	-----------	--