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 [ ]   |
| I would like to become an individual member of BKFA  | 1 year/$25 [ ]  |
| I would like to become a corporate member of BKFA  | 1 year/$60 [ ]  |
| 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 [ ]  No [ ]  |
| I agree to receive the BKFA newsletter, occasional appeals and general updates. | Yes [ ]  No [ ]  |

**Payment details**

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

|  |  |
| --- | --- |
| Please debit my **credit card**  | Mastercard [ ]  Visa [ ]  |
| 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* |  |