Please complete the application form and return to [memberships@bkfa.org.au](mailto: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* |  |