Birthing Kit Foundation Australia Membership Application Form



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

lease note that mei	mbersnip ru	ins from t	tne tim	e you join un	tii 30 June							
I would like to become an individual member of BKFA						1 year/\$30 □						
I would like to become a corporate member of BKFA						1 vear/	1 year/\$70 □					
Additional Donation (tax deductible)						\$	7.0					
Title and full na	me											
Company/Club	name (if a	pplicab	le)									
Address				1								
Suburb		Р			Postco	code						
Email												
Phone No					Phone	No (mob)						
Please send Annu	ıal Report I	by email				,		Yes		No [
I agree to receive the BKFA newsletter, occasional appeals and genera						general up	dates.	Yes		No [7	
Please debit my credit card			Mastercard □ Visa □									
Card number												
Security code Name on card					Expiry	date						
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