

Birthing Kit Foundation Australia

Membership application form



Please complete the application form and return to info@bkfa.org.au or post to:

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		1 year/\$30	<input type="checkbox"/>
I would like to become a corporate member of BKFA		1 year/\$70	<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"/>	
I agree to receive the BKFA newsletter, occasional appeals and general updates.		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	
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Office use	Receipt no	Member no	
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