Membership Application Form

MEMBER INFORMATION

☐ I wish to apply for new membership ☐ I wish to renew my membership

Full Name :		E-mail :	
Address :		Phone :	
City/ State :		Post Code :	

PAYMENT

To Ipswich Hospice Care Ltd (ABN 63 563 946 327)

Annual Membership Fee: ☐ $15 for Individual ☐ $30 for Family/Organisation (Includes GST)

Membership Fee :	
Tax-deductible Donation:	
Total Remitted:	

☐ My payment is enclosed

☐ I have made a fund transfer to Heritage Bank BSB 638 070 Account 1527 6163

☐ Charge my Visa / MasterCard

Card Number:	
Expiry Date:	
Name on Card:	
Signature :	

MEMBER DECLARATION - New Members Only

I hereby apply for membership of Ipswich Hospice Care Ltd and I agree to be bound by the Constitution of the Company and any regulations made thereunder.

I agree to contribute an amount of $10.00 to the property of the Company if it is wound up while I am a member or within one (1) year after I cease to be a member.
I tender my fee as above and in signing below agree to the above terms.

Signature of Applicant Date

www.ipswichhospice.org.au

Ipswich Hospice Care Ltd:
ABN: 63 563 946 327

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Eastern Heights, QLD 4305

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