



Membership – July 2017 to June 2018

Personal details

Name

Role

(if applicable)

Organisation

(if applicable)

Address

Phone

Mobile

Email

Membership fees, donation

MEMBERSHIP TYPE

Family nominee (**\$33** incl. GST)

Individual (**\$22** incl. GST)

Membership amount

\$

Tax deductible donation

\$

TOTAL (membership fee + donation)

\$

Payment

Credit card: Visa / MasterCard (please circle)

Card Number _____ Expiry date _____ / _____

Name on Card _____ Signature _____

I have made an Electronic Funds Transfer to:

Account name **AHDA Qld Inc**

Reference **Your surname**

BSB **734-002**

Account # **075-025**

I have enclosed a cheque or money order to Huntingtons Queensland

I have left a gift in my Will or would like to know more about leaving a gift in my Will

A receipt for your **membership payment** is available on request.
Donations \$2 and over are tax deductible and will receive a tax receipt.
Thank you for supporting people living with Huntington's disease.