



Membership Registration

Date _____ (Office use only-Member No.: _____)

Surname:			
First name:			
Title:	Mr	Mrs	Miss Ms Other:
Date of Birth:		Age:	Sex: M F
Street Address:			
Suburb/Town/City:			
	State:	Postcode:	
Postal Address:			
Suburb/Town/City:			
	State:	Postcode:	
Email address:			

Occupation:			
Employers Details:			
Employer Ph. No:			

Membership Type:

Family member (loss of child, sibling, spouse, parent) NO COST	General Membership Cost \$2	Donation only Amount \$

Payment:

Direct Deposit:	
Credit Union:	South West Slopes Credit Union
Account:	Georgina Josephine Foundation
BSB:	802367
Account Number:	40058176

Please make cheques payable to:
Georgina Josephine Foundation PO Box 5 Young NSW 2594

I understand and agree that upon admission to membership I am bound by the Foundation's constitution, to a liability limit of \$10.00 and to pay the entrance (if any) and annual subscription fee.

Dated: _____ Signed: _____

Please scan and return completed forms to:
Email: admin@gjfoundation.com.au

Or Post to : Georgina Josephine Foundation
PO Box 5,
YOUNG NSW 2594