

Membership Application Form

I / We wish to join / renew as a member of



Amputee Association of Sydney Incorporated

ABN 13 295 692 722

Name in full: Please Circle: New / Renewing Member

Address:

.....

State: Post Code: Phone: (.....).....

Mobile: Email:

Please complete the following:

Year of Birth Year of Limb Loss (if applicable)

Limb Difference Description.....

Limb Difference Cause: Trauma / Congenital / Vascular Disease / Other :

Interests / Activities / Sports

Occupation

Membership to the association automatically includes the subscription to the quarterly Amputee Journal and the monthly Amputee Association of NSW E-News.

Please cross out if you do not wish to receive these in your membership: Journal / E-News

Our annual subscription commences on 1st of April each year and may be paid any time after January 1st of that calendar year. New memberships from January onwards remain financial and receive the Amputee Journal until the 31st of March the following calendar year.

Payment enclosed	\$15	Amputee / Limb difference Membership
	\$30	Professional/Institutional Membership

Signed: Dated:

Payments: By Cheque – Make payable to “Amputee Association of Sydney”
By Direct Deposit – BSB: 062315, Acct Number: 10067393, Reference: Initial + Surname

Send to: PO Box 129, Northmead NSW 2152
By Fax: (02) 96306864 | By Email: amputees@northcott.com.au