INVITATION TO BECOME A MEMBER FORM M001

Deafness Foundation was established in 1974 and is dedicated to the support of the Deaf and hard of hearing. Deafness Foundation aims to improve well-being and promote equality for people who are Deaf and hard of hearing by focusing on Access, Awareness, Diagnosis, Treatment and Prevention.

Many organisations, schools and individuals across Australia have benefitted over the years from our grants and research program, and our education encouragement awards.

**As a member you receive:**

* Newsletters from the Foundation and updates on program activities
* Invitations to our major functions and events
* Member discounts on helpful devices
* Discounted registration to Deafness Foundation Symposiums
* A copy of our Annual Report
* Voting rights at our Annual General Meeting.

Your membership helps support our important work as we do not receive Government funding.

Our financial year is from 1 July – 30 June.

**Please enrol me as a member of the Deafness Foundation**

Membership categories are: Individual member $33.00 (inc gst)

 Unincorporated bodies $66.00 (inc gst)

 Corporate bodies $126.50 (inc gst)

Name: ………………………………………………………………..……..............................................

Organisation (where applicable): …………………………………….…….......................................

Address: ……………………………………………………………………….............................................

.……………………………………………….............. Postcode: ….…..…...................

Phone: ..……………..………............ Email: ………………….…………….….............................

**Payment Method:**

🞎 Bank Transfer (Bendigo Bank BSB: 633 000 Account: 173 251 778)

 Please include your surname in the reference section of your EFT and return this form by email or post.

🞎 Credit Card (Mastercard/Visa)

 Card number: **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** Expiry: **\_ \_** / **\_ \_**

 Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Cheque (payable to Deafness Foundation)

**Membership amount:**  $.…..………

 **Tax deductible donation:** (donations over $2 are tax deductible): $ .…..……..

 **Total:** $ .…..……..

 Please return the completed form by email or post.