



87 Annerley Road  
Woolloongabba QLD 4102  
PO Box 8118 Woolloongabba QLD 4102  
ccs.org.au | Tel: (07) 3844 5000 |  
Fax: (07) 3846 2595

# Member Application/ Renewal Form

Thank you for applying to be a member of Childhood Cancer Support Inc. Please fill out the form below and post to PO BOX 8118 Woolloongabba QLD 4102, fax, or scan and email to admin@ccs.org.au. For any questions, please call the Office on (07) 3844 5000.

## Ordinary Membership Fee \$5:

Full Name

E-Mail

Address

Contact Number

Date Of Birth  
(DD/MM/YYYY)

## Mailing list:

I wish to receive updates and news from Childhood Cancer Support via email and post

 Yes No

Membership type:

I am applying to be a member for the first time

I am renewing my membership

## Payment Details (Please tick)

Cash

Cheque

Money Order

Direct Deposit

Bank Name: HERITAGE BANK  
Account Name: Childhood Cancer Support Inc.  
BSB: 638-070  
Account No: 15577066

Credit Card

Please charge my credit card details as follows:

Visa

Mastercard

Card No.

Name on Card

Expiry

Amount (\$)

Signature

Membership ends on June 30, at the end of each financial year, where your membership will then be due for renewal

By signing this form you confirm and acknowledge your details and your application to become a member

Applicant Name (print)

Applicant Signature

Date