

# 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

Please PRINT clearly.

### 1. Applicant details

Full Name

Email

Address

Contact Number

DOB

/ /

### 2. Mailing list

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

Yes  No

### 3. Membership type

- I am applying to be a member for the first time
- I am renewing my membership for 2020-2021

### 4. Payment details (please tick)

- Cash
- Cheque
- Money Order
- Direct Deposit  
**Bank Name:** HERITAGE  
**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 details

Membership ends June 30, at the end of each financial year, where your membership will then be up 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