

MEMBER APPLICATION 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. Receive paper mailouts

- Childhood Cancer Support uses electronic correspondence, however please tick the box if you have entered an email address, but want to maintain paper mail outs.

3. Mailing list

Do you give permission for your details to go on the Childhood Cancer Support main mailing list. (Please note this is a separate list to membership correspondence).

- Yes No

Any applicant for membership of the association must be proposed by one member of the association (the proposer) and seconded by another member (seconder). By signing this form you confirm and acknowledge your details and your application to become a member.

Applicant Name (print)	Applicant Signature	Date
Proposer Name (print)	Proposer Signature	Date
Seconder Name (print)	Seconder Signature	Date

4. Payment details (please tick)

- Cash
 Cheque
 Money Order
 Direct Deposit
Bank Name: ANZ
Account Name: Childhood Cancer Support Inc.
BSB: 014-015
Account No: 2941-66638
- 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.