

# MEMBER RENEWAL FORM

Thank you for renewing your membership at 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.

## Membership Renewal 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

By signing this form you confirm and acknowledge your details and your renewal to become a member. On behalf of Childhood Cancer Support we thank you for your continued support.

Applicant Name (print)

Applicant 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.