

**MEMBERSHIP APPLICATION  
& RENEWAL FORM**

Annual membership fee: \$15.00

Pensioner Concession: \$10.00

Surname:	
Given Names:	
Address:	
Email:	
Phone (Home):	
Phone (Mobile):	

**CLASS OF MEMBERSHIP**

FULL (Person with a disability)

☐

ASSOCIATE (Any individual with an interest in disability support)

☐

I hereby apply for membership of Mobile Attendant Care Service Inc. and enclose my cash/cheque/direct deposit for the amount of \$ ..... representing ..... year(s) membership fees.

Account name: Mobile Attendant Care Service  
BSB: 084-004 Account #: 517096770  
(Please use surname as payment reference)

I wish to:

- ☐ Receive a copy of the Annual Report via mail
- ☐ Receive a copy of the Annual Report via email
- ☐ NOT receive a copy of the Annual report

\_\_\_\_\_  
Signature of Applicant\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Please return to:**  
**Mobile Attendant Care Service Inc**  
**1/20 Valente Close**  
**Chermside Q 4032**

**OFFICE USE ONLY**

Receipt No. ....