



MEMBERSHIP APPLICATION & RENEWAL FORM

Annual membership fee: \$15.00

Pensioner Concession: \$10.00

Form with fields for Surname, Given Names, Address, Email, Phone (Home), and Phone (Mobile).

CLASS OF MEMBERSHIP

FULL (Person with a disability) [checkbox]

ASSOCIATE (Any individual with an interest in disability support) [checkbox]

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.