



**Application for Individual Membership (\$35 per annum)**  
Spina Bifida Foundation of Victoria Incorporated (SBFV)

First name \_\_\_\_\_ Surname \_\_\_\_\_  
Street \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_  
I would like to become a member of Spina Bifida Foundation of Victoria Incorporated.  
Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Member Details:**

Title  Mr  Mrs  Ms  Other (please specify) \_\_\_\_\_ Sex  M  F  
First name \_\_\_\_\_ Surname \_\_\_\_\_  
Do you have Spina bifida?  Yes  No  Date of birth \_\_\_\_\_

Postal address  (please tick box if same as above or write below)  
Street \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile \_\_\_\_\_  
e-mail \_\_\_\_\_  
Would you prefer to receive information via  e-mail  post

If you do **NOT** wish to have your name recorded on the FINE register and receive bi-annual mail outs about folate and related health issues, please tick this box.

**Payment Details:**

<input type="checkbox"/>	Please charge \$ _____ to my	<input type="checkbox"/>	Bank Card	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Visa
Name on card _____							
Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	/	<input type="text"/>				
Signature	_____					Date	_____
<input type="checkbox"/>	Please accept my enclosed cheque for \$ _____						

Please return the completed form to:

Spina Bifida Foundation of Victoria  
4<sup>th</sup> Floor Ross House  
247-251 Flinders Lane  
Melbourne VIC 3000

Credit card payments can also be accepted by either:

Ph (03) 9663 0075  
or  
Fax (03) 9639 0081

SBFV is committed to protecting the privacy of all persons, and confidentiality of personal information obtained whilst undertaking its activities.

The information provided on this form may be used for research or presentation purposes; however names, personal details or identity will not be displayed or disclosed without express consent from the individual.