



Membership Renewal for the June 2009 – June 2010 Calendar Year
Spina Bifida Foundation of Victoria Incorporated (SBFV)

Please renew my Individual Membership for the 2009-10 calendar year at \$35.00

Please renew my Family Membership for the 2009-010 calendar year at \$35.00

Please renew my Organisation Membership for the 2009-10 calendar year at \$200.00

Please cancel my Membership (member details section must also be completed)

Exempt (I have a health care/pension card) Card Number _____

Signature _____ Date _____

Member Details: (please fill in details of additional family members on the back of the form)

First Name _____ Surname _____

Street _____ D.O.B _____

Suburb _____ State _____ Postcode _____

Email _____ Phone _____

Mobile _____

Payment Details:

Please charge \$ _____ to my Bank Card Master Card Visa

Name on card _____

Card number

Expiry date /

Signature _____ Date _____

Please accept my enclosed cheque for \$ _____

Please return the completed form to:
Spina Bifida Foundation of Victoria
4th 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



Additional Family Member Details (For Family Memberships Only)

First Name	Surname	Relationship to primary member	Date of Birth (optional)