

MEMBERSHIP APPLICATION

I/We wish to become a member/members of
the Swiss Community Care Society Inc.
A.B.N. 28 446 153 022

Last name
(or Company name):

First name:

Occupation:

2nd Person first name:

Address:

City/Town:

State:

Postcode:

Phone:

Email:

Date of birth:

Nationality:

(if dual nationality, mention both)

2nd Person DOB.:

Date of application:

Signature:

FEES (See the fee structure on the website)

Type of Member:

\$

Please indicate whether Individual, Couple, Life Member,
Couple Life Member or Corporate Member.

Donation (tax deductible): reference DGR:87961

\$

Total

\$

Please make cheque/money order out to Swiss Community Care Society Inc.

or make a direct deposit into ANZ Banking Group BSB 012-003 Account no. 868 3627

Please take care to:

- identify for whom the direct deposit is being made
- not to put cash in the mail.