

BDSRA Membership Renewal Form 2015 / 2016



Contact Name

Address

.....

Phone numbers (home)

(mobile)

Email

Would you like to receive updates/newsletters via our E-list? Yes / No

I would like more information on becoming a volunteer: ☐

Membership fee 2015 / 2016

..\$.... 25.....



Additionally, I would like to make a donation towards the following area/s:

General research into Infantile, Late Infantile & Juvenile forms:	\$.....
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Australian Battens Research scholarship, a goal to ensure new Scientists are continuing work:	\$.....
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Family programs to support areas such as; Publications library, information & referral, bereavement, access to newsletter & website and provision of newly diagnosed family packs:	\$.....
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A donation In Memory of ".....":	\$.....
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Total amount enclosed: \$.....

PAYMENT OPTIONS:

Please forward this form with your payment of \$25 payable by cheque or money order (no cash please) to:

***BDSRA-Membership Renewal
9 Norton Avenue
Killarney Vale NSW 2261***

Or for direct bank deposits: email advice to bdsra@battens.org.au that you have made your deposit to:

***Bank: The Commonwealth Bank of Aust.
Branch: 062 195
A/C Name: The Australian Chapter of BDSRA
A/C No.: 10030943***