

BDSRA Membership Renewal Form 2016 / 2017



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 2016 / 2017 ..\$. 25.....



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

General research into Infantile, Late Infantile & Juvenile forms:	\$.....
---	---------

Australian Battens Research scholarship, a goal to ensure new Scientists are continuing work:	\$.....
---	---------

Family programs to support areas such as; Publications library, information & referral, bereavement, access to newsletter & website and provision of newly diagnosed family packs:	\$.....
--	---------

A donation In Memory of ".....":	\$.....
----------------------------------	---------

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***