



# Children's Safety Australia Inc.

## Tax Invoice:

### Membership Form 2008/9

PO Box 202, Corinda Qld 4075  
 Email: admin@childsafty.org.au  
 Tel: (07) 3379 4475  
 ABN 28 100 589 195

*Note: This information is for Children's Safety Australia Inc. records only and will remain confidential*

Your Details			
Name (in full):			
Address:			
Telephone:	Business hrs:	After hrs:	Mobile:
Email address:			
Occupation:			
Membership Details			
Please indicate the option that applies to your membership application/renewal:			
a) I wish to apply for ordinary membership for the sum of \$10.00 being membership for the 2008/2009 financial year (concluding 30 June 2009).			
b) To renew ordinary membership for the sum of \$10.00 being membership for the 2008/2009 financial year (concluding 30 June 2009).			
b) I wish to apply for life membership for the sum of \$150.00.			
I agree to abide by the Children's Safety Australia Inc. Rules of Incorporation and rules set by the management committee. I enclose with this application the applicable sum for the membership type applied for.			
Signed _____ Dated: _____			

#### Payment of Dues:

Membership dues can be paid via:

- Electronic funds transfer into the Children's Safety Australia Inc. account (BSB: 704052; Account: 1036202). Please use your first initial and last name as reference; or
- Cheque or money order (payable to 'Children's Safety Australia Inc.') to PO Box 202, Corinda Qld 4075.

**Please Note:** Children's Safety Australia Inc. is not currently the holder of public liability insurance.