

# Melbourne East Disability Advocacy Inc.

## APPLICATION FOR MEMBERSHIP



Send this Application to:  
Melbourne East Disability Advocacy Inc.  
PO Box 302  
Surrey Hills  
VICTORIA 3127  
ABN: 84 708 313 472

### TAX INVOICE/RECEIPT

July 2013 - June 2014

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE (receipts will be issued)  
(Membership fees inclusive of GST)

Cash or Cheque only

Please Tick

<input type="checkbox"/>	Individual .....	\$20.00
<input type="checkbox"/>	Concession (student/pension).....	\$ 5.00
<input type="checkbox"/>	Organisation.....	\$30.00
<input type="checkbox"/>	Donation (optional).....	
TOTAL incl. Membership.....		\$

I, the person whose details appear below, am applying for membership of Melbourne East Disability Advocacy Inc. and agree to pay the annual subscription on 1 July each Year.

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Email: \_\_\_\_\_