APPLICATION FOR MEMBERSHIP OF

SPINOCEREBELLAR ATAXIA AUSTRALIA INC.

*PLEASE PRINT CLEARLY*

*NAME*: ……………………………………………………………………………………………………………..

*ADDRESS:………………………………………………………………………………………………………….*

*…………………………………………………………………………………….POSTCODE………………….*

*DATE OF BIRTH:…………………………………………………………..*

*PHONE AH:………………………………………………………………….*

*PHONE BH:………………………………………………………………….*

*MOBILE:………………………………………………………………………*

*EMAIL:………………………………………………………………………..*

*I desire to become a member of*

*SPINOCEREBELLAR ATAXIA AUSTRALIA INC.*

*In the event of my admission as a member, I agree to be bound by the rules of the Association.*

*…………………………………………………………….. …………………………………………….*

*Signature of Applicant Date of birth*

*Date………………………………………..*

*My membership fee is: $65.00 i.e. $25.00 for the first year & $10.00 for the next 4 years.*

*Renewals are $50.00 for 5 years or $10.00 yearly. No need to fill out another application form.*

*Online banking details – would save our Treasurer no end please:*

*Bendigo Bank branch number 633 000*

*Account number : 146957717*

*Spinocerebellar Ataxia Australia Incorporated*

*NB. REMEMBER TO INCLUDE YOUR NAME AS THE PERSON WHO HAS MADE THE DEPOSIT IN THE REFERENCE BOX*

*Please make cheques payable to:*

*Spinocerebellar Ataxia Australia Inc.*

*Please use the full name as written above.*

*Mail to:*

*SCA Australia*

*PO Box 115*

*HOWLONG NSW 2643*