STROKE RECOVERY ASSOCIATION NSW

GENERAL MEMBERSHIP APPLICATION FORM

PLEASE PRINT IN BLOCK LETTERS

Name……

Address……

…….. Telephone……..

Signature…… Date……..

Single Membership: ☐ **$22.00** Family Membership: ☐ **$27.50**

Corporate Membership: ☐ **$44.00** Donation:$……..

Enclosed is a cheque. ☐ **Please make your cheque payable to: Stroke Recovery Association**

Please debit my: BANKCARD ☐ MASTERCARD ☐ VISA ☐

AMOUNT: $.....

NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

NAME ON CARD: ---------- EXPIRY DATE: - -/ - -

SIGNATURE: ----------

Please complete and return to:

Stroke Recovery Association NSW
PO Box 3401
PUTNEY NSW 2112

The Stroke Recovery Association is supported by the NSW Health and NSW Department of Ageing and Disability.
Registered Under the Charitable Fundraising Act 1991 CFN 10987