STROKE ASSOCIATION OF VICTORIA Inc.

APPLICATION FOR MEMBERSHIP

I/We wish to apply for membership to the Stroke Association of Victoria Inc.

Membership includes copies of our "Stroke Talk" Magazine when produced.

Type of membership required (**Tick** ✓ **one**) Single O or Family O

Name (Mr, Mrs, Ms, Dr, Other) ……..……..

Partner's Names (If Family membership) ……..

Postal Address ……..……..…Post Code …….

Contact Telephone Number ……

Single Membership	-	$18.00 pa	All amounts
Family Membership	-	$25.00 pa	**include** GST
Support Group and Organisations	-	$25.00 pa	

Are you a member of a Stroke Support Group? (**Tick** ✓ **one**) Yes O or No O

If "Yes", of which Group are you a member?……

If "No", would you like to receive details of the nearest Stroke Support Group to your area?

(**Tick** ✓ **one**) Yes O or No O

If you have an email address would you be interested in receiving correspondence such as general S.A.V. information, member notices, respite weekend and seminar notices

at your email address? (**Tick** ✓ **one**) Yes O or No O

Would you prefer to receive "Stroke Talk" at your email address? Yes O or No O

If "Yes" to either question, please write your email address below,

Email address (print)……..……

REMITTANCE DETAILS

TO -- Treasurer, Stroke Association of Victoria Inc, PO Box 226, GEELONG Vic 3220

Enclosed is a cheque / M.O. for an amount of $ (Do NOT send cash through the mail)

OR

A Direct Credit of $ has been made to **BSB 633-000 Account No. 129884664**

(This may be made at your local Bendigo Bank branch or on Internet Banking)

OR

Please charge my ☐ Visa ☐ Mastercard ☐ Amex ☐ Diners

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Name on Card…… ...../.....

Signed …….. Date ……..

Cheques should be made payable to - **Stroke Association of Victoria Inc.**

If you have any inquiries contact Clare, our Secretary, on ☎ (03) 5278 7980

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Date Posted

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