



**BETTER HEARING AUSTRALIA  
(SYDNEY) INCORPORATED**

Patron: Professor W P R Gibson A.M., M.D., F.R.C.S., F.R.A.C.S

**APPLICATION for MEMBERSHIP**

Mr/Mrs/Miss/Ms/Dr/Rev: .....(Surname)  
Given Names: .....  
Street: .....  
Suburb: ..... Postcode:.....  
Telephone: (.....)..... Fax: (.....).....  
Email: .....

hereby applies for membership of **Better Hearing Australia (Sydney) Inc.**  
**Fees** as shown below are attached. (A copy of the **Objectives** and **Rules** is available for perusal at the address below.)

Signature: ..... Date: .....

REMITTANCE: (please tick appropriate line – includes GST)

- ..... **\$36.30** Individual
- ..... **\$49.50** Joint (two people at the same address)
- ..... **\$30.80** Individual Concession (Health Card Holder)
- ..... **\$** Donations of \$2 and over are tax deductible

If enrolling in a Speech-Reading Class, please give details:

Suburb: ..... Day: ..... Time: .....

How did you learn about Better Hearing? (please circle)

Member    Audiologist    Hearing Aid Firm    Doctor    Leaflet    Local Paper

Other (please specify): .....

**OFFICE USE ONLY**

Receipt No: ..... Date: ..... P/C Sort: .....  
Accepted by Committee: ..... Code: ..... Date: .....

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Over 60 Years of Service to the Hearing Impaired - Established 1936