

BETTER HEARING AUSTRALIA (SYDNEY) INCORPORATED

ABN 87 124 027 011

Patron: Prof. WPR Gibson AM, MD, FRCS, FRACS

MEMBERSHIP APPLICATION

I hereby apply for membership of Better Hearing Australia (Sydney) Inc. (A copy of the **Objectives and Rules** is available for perusal at the address below)

Mr/Mrs/Miss/Ms/Dr/Rev/Prof.....Family Name

Given NamesD.O.B.....

Street Address.....

SuburbPostcode

Telephone (.....).....Fax/TTY (.....).....Email Address.....

Signature.....Date

If enrolling in a hearing loss management class, please give details:

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

REMITTANCE (Incl. GST):	For 1 year (1 July-30 June)	For 3 years
Individual	\$40-00	\$110-00
Concession	\$30-00	\$ 85-00
Joint	\$60-00	\$160-00
Donations of \$2-00 and over are tax-deductible	\$	\$
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>

- Cheque enclosed: \$.....
- Direct Payment: BSB No. 062-319
Date..... Account No. 1001-1823
 Account Name: Better Hearing Australia Sydney Incorporated

(Please ensure you quote your full name with Direct Payment and return this form to office)

Receipts will be mailed if a stamped self-addressed envelope is provided.
Our address: 29 Burwood Road, Concord NSW 2137

How did you learn about Better Hearing? (Please circle)
Member, Audiologist, Hearing Aid Firm, Doctor, Internet, Local Paper, Other (please specify).....

OFFICE USE ONLY:

Receipt No.....Date

29 Burwood Road, CONCORD NSW 2137
Tel: (02) 97440167 Fax: (02) 97447492 TTY: (02) 97440124

BHA is a voluntary organisation. Can you help?

Email: bhasvd@ozemail.com.au

Founded 1936

www.betterhearingsydney.org.au