



## MEMBERSHIP APPLICATION

Surname: ..... First Name: .....

Organisation: .....

Address: .....

City/Town: ..... State: ..... Postcode: .....

Phone: (work)..... (mobile)..... Email:.....

### MEMBERSHIP CATEGORY (please tick category)

- Individual membership \$75 +gst per membership year
- Individual life membership \$3,000.00 one-off payment

**DONATIONS: \$..... (tax deductible)**

### PAYMENT DETAILS

I wish to pay by  Cheque (to The Sleep Health Foundation) enclosed  
OR Credit Card  Visa  Mastercard

***(American Express & Diners Club cannot be accepted)***

Name on Credit Card: ..... Card Number: ...../...../.....

Expiry date: ...../..... Signature: .....

### Payments can also be made by EFT using the following details:

Account Name: Sleep Health Foundation  
Bank: NAB  
BSB: 082 330  
Account: 15976 4715

**Please ensure you include your name when depositing with EFT.**

***Payments are tax deductible.***

**PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW OR MAKE YOUR PAYMENT USING EFT ACCOUNT DETAILS ABOVE.**

The Sleep Health Foundation  
ABN: 91 138 737 854  
114/30 Campbell Street, Blacktown NSW 2148  
Phone: +61 (0) 2 9920 1968