

Individuals application form

Application for membership as an individual.



Complete this form and email to info@deafnessforum.org.au

Deafness Forum of Australia
Open Systems House
218 Northbourne Avenue
BRADDON ACT 2612

Title.....Given name(s).....

Family name.....

Full address.....

Phone.....Mobile phone.....

Email.....

Signature.....Date.....

Now choose one of the following 4 categories of membership:

Individual

I describe myself as:

Deaf

Hearing impaired

Chronic ear disorder

Deafblind

Are you aged under 26?

No

Yes If so, free membership for the first calendar year. Your application form is now complete.

Parent/guardian

I am a parent/guardian of a person aged under 26 who is:

Deaf

Hearing impaired

Chronic ear disorder

Deafblind

Free membership for the first calendar year. Your application form is now complete.

Service provider

I am an individual who works as a service provider.

Associate

I do not fit within other groups listed, but I have an interest in the deafness sector and I support the objectives of Deafness Forum.

Continue

Annual fee



- Membership is for a calendar year.
- A new member aged under 26 or a parent/guardian are not charged a membership fee in the first calendar year of their membership.
- We appreciate any donation in addition to your membership fee.

Membership fee **\$40.00** exclusive of GST

Plus Donation \$..... **All donations over \$2 are tax deductible**

Total \$.....

Payment is not required at this time.

We shall issue you with an invoice for payment.

Thankyou for your support of Deafness Forum of Australia.

Deafness Forum Ltd. ABN 49 008 587 611