

Membership Application

Thank you for applying to become a member of Eskleigh Foundation Inc. At Eskleigh we provide a range of disability support services to the Tasmanian Community. The Board thank you for your consideration and look forward to your membership support.

Personal or Organisation Details	
First Name:	Surname:
Organisation (if applicable):	
Address:	
Suburb:	Post Code:
Home Phone:	Mobile Phone:
Mobile Phone:	Fax Number:
Email Address:	

Please attach your resume and a statement of why your membership will benefit the Eskleigh Foundation Inc.

Annual Subscription Details (all fees include GST)
Annual Fee \$25.00 Plus GST
Would you be interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already volunteer

Payment Details	
Date of payment:	
Paid via: <input type="checkbox"/> Cheque / Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Eftpos <i>Please make cheques payable to Eskleigh Foundation Inc</i>	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit Card	
Credit Card Number: □□□□-□□□□-□□□□-□□□□	CVV Number:
Cardholder Name:	Expiry Date: /

Finalisation:	
Signature:	Date Completed:

The Board of Eskleigh foundation Inc will consider each application for membership based of its merit.