

Annual Membership fee \$10.00

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile Phone: _____

Date of Birth: _____

Email: _____

- Cheque or Money Order and post to address on above
- Cash give to **Secretary or Treasurer**
- Debit credit –

Name Account: Deaf Advocacy, Sports and Recreation (DeafACT) Inc

BSB No: 633-000 **Account No:** 170016158

(Remittance email: treasurer@deafact.org.au)

If I am admitted as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant: _____

Under 18 - Signature of Parent or Guardian: _____

Applicant Date: ____/____/____

Please email form to: secretary@deafact.org.au