



**LEASEE**

## Membership Application Form – 2017

Name of organisation: \_\_\_\_\_

Contact person: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <b>PAYMENT OPTIONS:</b><br><b>Inclusive of GST</b><br>(Tick preferred option) | <input type="checkbox"/> New 1-3 schools = \$108.90 | <input type="checkbox"/> Renew 1-3 schools = \$99     |
|   | <input type="checkbox"/> New 4-6 schools = \$198    | <input type="checkbox"/> Renew 4-6 schools = \$187    |
|   | <input type="checkbox"/> New 7-9 schools = \$286    | <input type="checkbox"/> Renew 7-9 schools = \$275    |
|   | <input type="checkbox"/> New 10-12 schools = \$385  | <input type="checkbox"/> Renew 10-12 schools = \$363  |
|   | <input type="checkbox"/> New 12+ schools = \$473    | <input type="checkbox"/> Renew 12+ schools = \$419.10 |

In order to best support you we would like the details of the schools you manage. This information is for statistics and to ensure we can serve our members well. It will not be passed on to any other authorities.

Please detail below the schools leased:

Name of School/s	Suburb

**Please add more schools if required on a separate piece of paper.**

### PAYMENT OPTIONS:

- Direct Deposit      Account details are as follows:

Account name: **Healthy Kids Association**

BSB: **012 290**

Bank: **ANZ**

Account number: **481362044**

Reference: **In order to track your payment and ensure membership is updated, please insert your membership number (renewals) or name (new) as the reference.**

**Please note:** Direct deposit payments will not be processed unless a remittance advice is forwarded along with the application!

- Cheque      Please return form with a cheque or money order payable to Healthy Kids Association to address below.

- Credit Card\*      Credit card payment available.  
Please provide payment details overleaf.

\* **VISA/Mastercard Payment incurs an additional 1% surcharge. Sorry, no Amex.**

**Membership runs according to the calendar year in which you join**



# Healthy Kids Association



## Credit Card:

Fill in below details and return with the front page via fax or email to [accounts@healthy-kids.com.au](mailto:accounts@healthy-kids.com.au):

Name of School: \_\_\_\_\_

Card Type:      VISA                          Mastercard   

Process payment for Amount \$\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Visa/Mastercard Payment incurs an additional 1% surcharge. Sorry, NO AMEX.**