



SCHOOL membership application form

Name of school:		
Contact person:	Position:	
School mailing address:		
Postcode:	Phone:	Fax:
Contact email:		No. of students:

Type of canteen management (please circle): Parent body Principal-run Leased

If leased, please enter name of leasee: **Contact number:**

Days of operation (please circle all that apply): Mon Tue Wed Thu Fri

Membership options including GST (please circle preference):	
NEW 1-year = \$108.90	NEW 3-year = \$280.50
RENEWAL 1-year = \$99.00	RENEWAL 3-year = \$269.50

Payment options (please circle preference):	
Direct deposit	Account name: Healthy Kids Association BSB: 012 290 Bank: ANZ Account number: 481 362 044 Reference: <u>please insert your member number (renewing members) or your school name and suburb (new members) to ensure we can track payment and update your membership.</u> Direct deposits won't be processed unless a remittance advice is forwarded with your application form.
Credit card	Name of school: Card type (please circle): Visa Mastercard (Visa/Mastercard payments incur a 1% surcharge – sorry no AMEX) Payment amount: \$ Card number: Expiry date (mm/yy): Cardholder name: Signature:
Cheque	Please return this form with a cheque or money order payable to the Healthy Kids Association.

After you've filled in your details, please either scan and email, fax or post this form to:
 info@healthy-kids.com.au / 9876 1471 / HKA, Suite 1.02, 38 Oxley Street, St Leonards NSW 2065