



MEMBERSHIP FORM

I'd like to join CICADA Australia Inc., which entitles me to receive CICADA magazine, the NSW 'Buzz' newsletter and the opportunity to participate in events.

Lifetime membership Fee: \$10.00	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque or Money Order payable to CICADA Australia Inc. <input type="checkbox"/> Direct bank deposit <u>Account Name:</u> Cicada Australia Inc. <u>BSB:</u> 012-349 <u>Account No:</u> 4993 35992	Please use your name as your reference and date and mail this form on the same day
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Title:	Name:	Surname:
Address:		
State:		Postcode:
Telephone:	Fax:	TTY:
Mobile/SMS:		Email:

I am: <input type="checkbox"/> Hearing impaired <input type="checkbox"/> A hearing aid wearer <input type="checkbox"/> Interested in implantable devices <input type="checkbox"/> An implant recipient <input type="checkbox"/> A hearing professional <input type="checkbox"/> A family member, partner, friend	Age Group: <input type="checkbox"/> <20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71-80 <input type="checkbox"/> 81-90 <input type="checkbox"/> 90+
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As a health professional or member of CICADA Australia Inc. I propose the above person for membership. <i>(Please note if you do not know a health professional or existing CICADA member who can sign this form, then a committee member can do so after receipt of the completed form and payment)</i>		
Name:	Signature:	Date:
Subject to acceptance of my application for membership of CICADA Australia Inc., I agree to be bound by the Constitution of the Association for the duration of my membership.		
Name:	Signature:	Date:

Please mail this form to the address below or scan and email to: jcassell6@bigpond.com. Should, for any reason, your membership be denied your payment will be returned by mail to the address supplied above.