

The Australasian Cleft Lip and Palate Association

ABN: 59 665 583 905



MEMBERSHIP APPLICATION / RENEWAL FORM

Dear Colleague

We welcome your support/continued support of the **Australasian Cleft Lip and Palate Association**. If you wish to pay by credit card please use the following Eventbrite link:

<https://www.eventbrite.com.au/e/aclapa-membership-renewal-for-2018-tickets-41690712042>

Otherwise please complete the following application form and return to the address overleaf with your cheque (in Australian dollars) or directly deposit the funds into the ACLAPA account (in Australian dollars). Please ensure there is a reference with the deposit, preferably your full name. A receipt will be issued. Please indicate in the section below if you do not wish to have your details appear in the membership directory.

Please accept four months complimentary membership.

PERSONAL INFORMATION FOR CORRESPONDENCE	
Title	
First Name	
Last Name	
Profession	
Organisation	
Contact Address	
	State: Postcode:
Country	
Telephone	
Facsimile	
Mobile	
Email	

Please tick one of the following options for the Membership Directory:

- Please use my mailing address (above)
 Please use the address below (please complete in full)
 I do not wish to be included in any directory

PERSONAL INFORMATION FOR MEMBERSHIP DIRECTORY	
Contact Address	
	State: Postcode:
Country	
Telephone	
Facsimile	
Mobile	
Email	

Please select one of the following membership periods:

MEMBERSHIP PERIOD		
<input type="checkbox"/> 1 year	Expires 30 June 2019	AUD \$50.00
<input type="checkbox"/> 2 years	Expires 30 June 2012	AUD \$100.00
<input type="checkbox"/> 3 years	Expires 30 June 2021	AUD \$150.00
<input type="checkbox"/> 4 years	Expires 30 June 2022	AUD \$200.00

Please indicate method of payment:

Personal cheque (Australia only)

Bank Draft

Direct Deposit *(Please ensure there is a reference noted with the deposit to be printed on the bank statement, preferably your full name.)*

Banking details for Direct deposit:

Account Name: Australasian Cleft Lip and Palate Association

Bank: Commonwealth Bank of Australia

BSB: 062 000

Account Number: 1043 3877

*****Please ensure all payments are made in Australian Dollars**

Please make cheques payable to ACLAPA

Please return the completed membership form together with payment (if applicable) to:

The Treasurer
Australasian Cleft Lip and Palate Association
c/- Dental Department
Princess Margaret Hospital for Children
P O Box D 184
PERTH WA 6840
AUSTRALIA

Alternately completed membership forms using direct deposit payment may be faxed to the following numbers:

international: +61 8 9340 8135

Interstate: (08) 9340 8135

NB: ACLAPA is a not for profit organisation and is not registered for GST



The Australasian Cleft Lip and Palate Association

c/- Dental Department / Cleft Lip and Palate Team

Princess Margaret Hospital for Children

P O Box D 184 PERTH WA 6840

Ph: (08) 9340 8573 Fx: (08) 9340 8135

Website: Cleft.org.au