

# MEMBERSHIP APPLICATION



## BETTER HEARING AUSTRALIA BRISBANE INC.

21 Vulture Street, West End QLD 4101  
PO Box 5334, West End QLD 4101

Family Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: Voice \_\_\_\_\_ TTY \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is payment as follows:

### Membership Category *(please tick)*

Individual \$27.50       Individual Concession \$24.75

Family (2 people) \$38.50       Family Concession \$34.65

Donation: \$\_\_\_\_\_ *(Donations of \$2 and more are tax deductible)*

Total Payment: \$\_\_\_\_\_

Please make cheque payable to:  
Better Hearing Australia Brisbane Inc.

Please send me information *(tick one or more boxes)*:

Hearing Loss Management Groups

Tutor Training Courses

Hearing Devices