



# Ozindcare Inc.

*A charity organisation*

Reg. No: Y 2595547 ABN: 22 412 657 291

## APPLICATION FOR MEMBERSHIP FOR THE YEAR 20\_\_

Title: Mr  Mrs  Ms  Dr

Name: \_\_\_\_\_  
First Name Surname

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

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

Telephone (H): \_\_\_\_\_ (Mob): \_\_\_\_\_

Membership fee:  Single \$10  
 Family \$25

Spouse's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment by:  Cash  Cheque  Bank Transfer

Please forward this completed form along with the cheque for the nominated membership fee to the below address:

Ozindcare Inc  
22 Karuk Street  
Pemulwuy  
NSW 2145

Alternatively please direct deposit/internet transfer the membership fee to the Ozindcare bank account and send an e-mail to [admin@ozindcare.com](mailto:admin@ozindcare.com) with the details.

### **Ozindcare account details:**

Account name: Ozindcare Inc  
BSB: 012-209  
Account No: 212639156  
Bank: ANZ