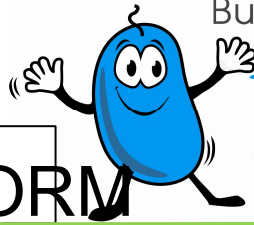


Everyone Welcome!



Bundaberg Juvenile Diabetes

BJDASG

Action Support Group

MEMBERSHIP FORM

Please complete this membership application and return to BJDASG via:

Post: PO Box 4571, Bundaberg South Qld 4670

Fax: 07 4153 6876

Email: BundabergJuvenileDiabetes@live.com.au

Date: ____/____/____

Membership Fees:

All we ask is a **GOLD COIN DONATION** per member, but please pay more if you can afford it. All funds are used to keep this group active.



You are welcome to pay via direct deposit

Bank Account Details:

BSB - 656 400

ACCT - 105 513 180

Please use your surname as a reference

Surname: _____

Please enter the names of everyone wishing to join here -

First Name: _____ DOB: _____

First Name: _____ DOB: _____

First Name: _____ DOB: _____

First Name: _____ DOB: _____

Contact Details -

Address: _____

_____ P/Code: _____

Postal (if not the same): _____

_____ P/Code: _____

Home Phone: _____ Business Phone: _____

Mobile: _____

Email Address: _____

If you have more than one email address please add them on the back of this form

Signature: _____

(I authorize BJDASG to use any photos taken during BJDASG events on their website and promotional material)

Admin Use Only				
Date:	Amount Paid:	Membership No:	Login Username:	Password: