MEMBERSHIP RENEWAL

*PLEASE PRINT CLEARLY*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | First Name | | | |  | | | | Surname | | |  | | |
| Street Address | | | | |  | | | | | | | | | | | | | |
| Postcode | | |  | | | | | | | State | |  | |  | | | |  |
| Postal Address (if different from above) | | | | | |  | | | | | | | | | | | | |
| Postcode | | |  | | | | | | | State | |  | |  | | | |  |
| Phone no. | |  | | | | | | Mobile no. | | |  | | | | Fax no. | |  | |
| Email address | | |  | | | | | | | | | | | | | | | |
| Company name  (if applicable) | | | |  | | | | | | | | | | | | | | |
| Position in company | | | | | | |  | | | | | | | | | | | |

**Membership Fees: $10.00 per person/organisation**

I/We enclose my/our membership fees $

I would like to take this opportunity to enclose a gift of $

**Total** **$**

Payment accepted by cheque/money order, cash, or direct deposit.

Please post **cheque/money** order to Melba Support Services, PO Box 554, Lilydale Vic 3140

**Direct Deposit** payable to **BSB**: 633 000 **Account**: 150 756 716 (**Ref**: Mem + Surname)

**Cash** payments can be made in person at our Head Office, 40-50 Melba Avenue, Lilydale.

If you wish to know more about Melba Support Services Inc or make an appointment to come and visit please contact Hayley Dean, Chief Executive Officer on 03 9212 0104.