



Australian Health Care Reform Alliance

C/- PO Box 280 Deakin West ACT 2600 ABN 64 051 645 674
www.healthreform.org.au

APPLICATION FOR INDIVIDUAL MEMBERSHIP FOR 2019

Title: _____

First name: _____

Last name: _____

Position: _____

Organisation: _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Phone: _____

Email: _____

Web: _____

Twitter: _____

Annual Membership fee: \$16.50 for those on a low or no income
(gst inc) \$33 for middle income earners
 \$66 for high income earners

EFT Payment

Account: Australian Health Care Reform Alliance

Bank: Westpac **BSB:** 032 713 **Account No:** 297461 **Reference:** your last name

I confirm that I support the aims of the Australian Health Care Reform Alliance as described on www.healthreform.org.au.

Signed: _____

Date: _____

Please return completed form and proof of payment to admin@healthreform.org.au
or fax to 02 6285 4670