

HEART & LUNG  
TRANSPLANT  
FOUNDATION  
WESTERN AUSTRALIA  
*Every breath and every heartbeat*



## Annual Membership Application/Renewal Form

*(Completed forms can be faxed to  
(08) 9409 5690 posted to PO Box PO Box  
110, HILLARYS WA 6923 or emailed to  
[membership@heartlungtransplantfoundation  
.org.au](mailto:membership@heartlungtransplantfoundation.org.au)*

### Membership Information

Member's Name *(please print above)*

ID number (if known)

Address

Suburb/City

State

Post Code

Is this a new address? (Please circle)

YES

NO

Telephone

Mobile

Email

*Your membership fee includes a personal  
invitation to the annual Gala Ball and a copy  
of the Foundation's Annual Report.*

### Membership Type

*Tick one of the options below*

**NON-RENEWAL** I do not wish to renew  
my membership at this time.

Reason

**INDIVIDUAL MEMBERSHIP** – \$25

**BUSINESS / CORPORATE  
MEMBERSHIP** – \$100

### Payment

Heart & Lung Transplant Foundation WA Inc  
will process your annual membership  
renewal upon approval by the Committee of  
Management, and receipt of this completed  
membership form and annual payment fee.

Method of Payment:

Cash

Cheque

Credit Card (Mastercard or VISA)

Credit Card number

Expiry date

Signature

### Acknowledgment

*Please read the statement below and sign at the  
bottom. Your membership/renewal cannot be  
completed without a signature.*

I, \_\_\_\_\_ hereby request to  
become a member of the Heart & Lung  
Transplant Foundation WA. I understand  
that the Foundation is a not-for profit  
organisation and agree not to collect monies  
on behalf of the Foundation unless prior  
permission has been given.

Signature

Date