



Broken Hill & District Hearing Resource Centre Inc

PO Box 958
Broken Hill NSW 2880

Ph: (08) 8088 2228
Fax: (08) 8087 9388

Email: hearthis@australiaonline.net.au

- A.B.N 13 249 861 679

Application for Membership – 2011/2012

I wish to apply for membership of the Broken Hill & District Hearing Resource Centre Inc. and agree to support the objects of the service.

Name:.....

Address:.....

.....

.....

(Signature)

.....

(Date)

NOTE: All applications for membership must be approved by the Management Committee of Broken Hill & District Hearing Resource Centre Inc.

July 2011 – June 2012

Annual Membership Fee: \$5.00 per individual

Please send your application to: Joan Hirschausen

PO Box 958

Broken Hill NSW 2888

Approved / not approved by the Management Committee of Broken Hill & District Hearing Resource Centre Inc. at the meeting held on:

..... (date).

If not approved, reason/s why:

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Signature of Chairperson, Secretary or Treasurer