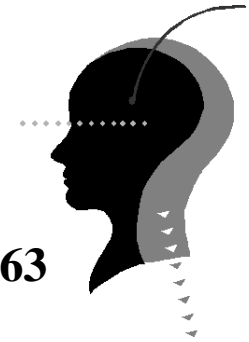


**NEUROSURGICAL RESEARCH FOUNDATION Inc.**  
**MEMBERSHIP SUBSCRIPTION FORM**



**MEMBERSHIP**

**Membership \$5 per person, Inc. GST.**

**Membership is valid from 1<sup>st</sup> April – 31<sup>st</sup> March each year.**

**ABN: 94 020 017 663**

**Membership Entitlements:**

- Voting rights at the AGM
- NRF Newsletters 3 distributed a year
- NRF Annual Report
- Invitation to Annual NRF Chair Lecture at the University of Adelaide.

**Forward Form & Payment to:**

Neurosurgical Research Foundation:  
Post: PO Box 698, North Adelaide, SA 5006  
Fax: 8261 0945.

Members (1) Name: \_\_\_\_\_ Members (2) Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Suburb/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone and Fax Contact Details:

Phone and Fax Contact Details:

Home No: \_\_\_\_\_

Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Type: I enclose my payment by:**

**Payment Amount:**

Cheque/ Money Order: Payable to Neurosurgical Research Foundation

Or:

I/We enclose \$5 INC GST per person Membership: \$ \_\_\_\_\_

Credit Card: MasterCard / Visa / Diners

Also included is a tax-deductible Donation of: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(all donations of \$2 or more are tax deductible)

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Total Amount Payable: \$ \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_