



MEMBERSHIP APPLICATION/RENEWAL

Last Name:..... **First Name:**.....

Address:

Email:

Phone No:.....

I would like to make a voluntary donation to CRKSG for the amount of: \$..... Membership is free. All Donations of \$2 or above are tax deductible. Cheque/Money Order payable to CRKSG Inc. Please accept this application for membership of the Canberra Region Kidney Support Group Inc.

Signature:..... **Date:**.....

Post Form to:

The Treasurer
Canberra Region Kidney Support Group Inc
PO Box 5051
GARRAN ACT 2605.

ABN: 77 396 063 641

NOTE: This form may also be used to notify a change of address/contact details.