



CHARLES BONNET SYNDROME
FOUNDATION

ABN 35 160 445 090

MEMBERSHIP APPLICATION FORM

Membership is open to anyone. Annual membership is \$25.

Full membership is open to those living with (or have lived with) CBS and/or their carer.

Associate membership is open to those not directly affected by CBS.

(Please note: only full members are permitted to vote at the AGM as per constitution.)

NAME _____

DATE OF BIRTH _____

ADDRESS _____

PHONE _____

E-MAIL _____

I am applying for: (Please tick if applicable)

FULL MEMBERSHIP

☐ (I have/had CBS or I care/d for someone living with CBS)

ASSOCIATE MEMBERSHIP

☐ (I am not directly affected by CBS)

MEMBERSHIP \$25

DONATION _____

FULL AMOUNT \$ _____

PAYMENT OPTIONS

- **Cheque or money order** to Charles Bonnet Syndrome Foundation (CBSF)
send to **P.O Box 352 FLINDERS LANE VIC 8009**
- **Online** **BSB** 033009 **Account number** 489499 **Bank** WESTPAC

CBSF is a not for profit organisation that relies on membership and donations to fulfill its mission statement.