

MEMBERSHIP APPLICATION AND RENEWAL

ACN 604 348 692

Please provide organisational details by completing this form. This will ensure that your current details are added to our Membership Register.

Organisational Details:	
Name:	
Street Address:	
Postal Address:	
Phone:	Fax:
Email:	Website:
Total No. of staff:	ACN/ABN:
Name of Auspicing Organisation (if any):	
FOR HMMS ONLY: Funding sources (tick all re	elevant): □ Federal □ State □ Private
Designated Membership Representative:	
Name:	
Position:	Phone:
Mobile:	Email:
Membership:	
☐ 1 Year Membership Subscription	
Cost is \$450 inc GST.	
Preferred method of payment:	
☐ On receipt of a Tax Invoice (an invoice will	be issued to you on return of this form).
☐ Direct Funds Transfer (please use "Membe	ership - company name" as reference).
A/C Name: Home Modifications Australia BSB: 012487 Account Number: 397734087	
Thank you for your assistance. Please return to:	

Home Modifications Australia Limited PO Box 797 Cloverdale WA 6985 enquiries@moda.org.au

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