

Annual Membership Form

***We sincerely thank you for your membership and supporting the***

***Foundation in funding health and medical research.***

[ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr [ ]  other Professor

Name:

Contact Address:

Contact Tele No's:

**Preferred Email Address** (an environmentally friendly choice for all correspondence)

*Your details will be kept confidential and will not be passed on to other parties. You can have your name removed from the mailing list at any time by contacting the HPH Research Foundation.*

**Note: Membership is valid from Membership Fee $ 52.00**

**1 July to 30 June each year**

**$**

**Donation:**

**TOTAL:**

**$**

**\*All donations over $2.00 are tax deductible \***

**PAYMENT DETAILS:**

**BY PHONE -** (08) 9346 6571 Administrative Officer - Research

**BY CREDIT CARD - Please charge** to my MasterCard [ ]  Visa [ ]

**$**

Credit Card Number: Expiry date

Cardholders Name:

Cardholder’s Signature: date

**Email:** **research.hph@ramsayhealth.com.au**

**By Phone:** (08) 9346 6571 Administrative Officer - Research

**Post:** Hollywood Private Hospital Research Foundation

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