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FLOOD MEMBER REGISTRATION FORM

Today's date:		Office Use only: Member No:			
Surname:		First:	Middle:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Prof	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Maiden name if applicable):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home phone: ()		Mobile: ()	
P.O. Box:	City:	State:	Postcode Code:		
Email Address:					
Occupation:	Employers details:			Employer ph no: ()	

TYPE OF MEMBERSHIP

<input type="checkbox"/> Flood Member	
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How can Hannahs Foundation assist you?

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I agree to apply for membership and based on the information provided I will be contacted in writing upon my acceptance of registration by the Board of Directors of Hannah's Foundation. I agree that I have no immediate voting rights to the foundation until acceptance and approval by the board to vote based on the information provided in this application form. Membership is not current until both money and signed form is received by the foundation. I agree to abide by the constitution and rules for Members and a copy of this document is on the website and I agree that I read and agree to same.

SIGNED:	DATE:
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