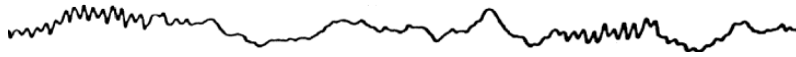


Sleep Health Foundation



MEMBERSHIP APPLICATION

Surname: First Name:

Organisation:

Address:

City/Town:

State: Postcode:

Phone: (work)..... (mobile).....

Email:.....

MEMBERSHIP CATEGORY

(please tick category)

- Individual annual membership
(\$250 joining fee including first year's membership, \$50 pa* thereafter)
- Individual life membership
(\$3000 one-off payment)
- Corporate membership
(\$5000 per annum*)

(*Annual fees are subject to future adjustment)

Additional Donation: \$.....

PAYMENT DETAILS

I wish to pay by Cheque (to Sleep Health Foundation) enclosed
or Credit Card - Details:

Visa Mastercard (American Express & Diners Club cannot be accepted)

Card Number:

Name on Credit Card:

Expiry date: CSV Number:

Payments are tax deductible

PLEASE FORWARD TO ADDRESS BELOW

The Sleep Health Foundation
ABN: 91 138 737 854
114/30 Campbell Street, Blacktown NSW 2148
Phone: +61 (0) 2 9920 1968