Neerim District Soldiers Memorial Hospital Inc.

Main Road, Neerim South. 3831. Ph: 56 281226

RENEWAL OF MEMBERSHIP

By renewing your membership to NDSMH you are showing your support for a very important community owned and community managed asset. Thank you very much for your support.

This membership is for the period to - Day: Month: Year:

I hereby apply for membership of the Neerim District Soldiers' Memorial Hospital Inc.

NAME: _____

ADDRESS: _____

_____

Type of Membership: Single $20 ☐ Family $35 ☐
Number of family members under the age of 18 _____

Would you please also consider making a donation to the hospital. All donations of $2 or more are tax deductible.

DONATION AMOUNT: $ ……

MEMBERSHIP FEE: $ ……

TOTAL DUE: $ ……

PAYMENT METHOD: Cash ☐ Cheque ☐ Credit Card ☐

Please Charge To My: B/Card ☐ Visa ☐ MasterCard ☐

CARD NUMBER: ……/……/……/…… EXPIRY: ……/…….
NAME ON CARD: ……
Signature of Cardholder: ……

WOULD YOU LIKE MORE INFORMATION ABOUT:

☐ **Remembering the hospital in your will?**

☐ **Volunteering opportunities at the hospital?**

If so, please tick the appropriate box and we will be very pleased to send you more information.