

# STROKE SA INC

## MEMBERSHIP FORM

SURNAME

\_\_\_\_\_  
PLEASE PRINT

GIVEN NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
POST CODE

PHONE (Home)

\_\_\_\_\_

(Work)

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

I wish to become a member of Stroke SA

( )

I wish to renew my membership

( )

I enclose Membership Fee \$15.00 GST Inclusive

Cheque ( ) Cash ( ) Money Order ( )

Please accept my Donation

(\$ )

Please make cheques payable to Stroke SA Inc and post to

**302 South Road Hilton SA 5033**

Please note that unless you continue to renew your membership fee you will be removed from the mailing list.

**STROKE SA INC  
302 SOUTH ROAD HILTON SA 5033  
PH (08) 83524644**