

✂ ----- Remove from client information booklet Post to: PO Box 466 Sth Hurstville NSW 2221 -----



Kogarah Community Services Inc. - Membership / Sponsorship Form

ABN: 17325383743

Name	Fee P.a	Donation	Subtotal
1. _____	\$5.00	\$ _____	\$ _____
2. _____	\$5.00	\$ _____	\$ _____
TOTAL PAYMENT INCLUDED: \$			

Would you like a Coordinator to contact you: (Circle) Yes No
Home Address: _____ Your Phone No: _____
_____ Email Address: _____

What Services are you interested in: (circle)
Dementia Monitoring & Support Service Social Support Other _____

Method of payment: (tick) Cash Cheque Mastercard / Visa

Name of Card holder: _____ Receipt Required: (Circle) Yes No
Card Number: _____ Exp Date: ____/____/____
Signature: _____

Would you like us to send you our quarterly Newsletter: (Circle) Yes No

Kogarah Community Services Inc.

Post or Fax this completed form and your payment to: PO Box 466, South Hurstville, NSW 2221
or
hand to your Coordinator or Support Worker

Aged Care Services 1A Short Street
South Hurstville NSW 2221
Phone: (02) 9546 5744/ Fax: (02) 9545 5718

Main Office 27 Joffre St
South Hurstville, NSW 2221
Phone: (02) 9546 4811 / Fax: (02)

