

JOIN THE AUSTRALIAN BREASTFEEDING ASSOCIATION

Please send this form in an envelope with payment to: Australian Breastfeeding Association, PO Box 33221 Melbourne VIC 3004 or join online at www.breastfeeding.asn.au or phone 03 9690 4620.

First name:	Surname:		
Address:			
Suburb:		State:	Postcode:
Main Phone:	Other Phon	e:	
Email*:			
Have you joined the ABA or NMAA in the past? If yes, membership number if known:			
I am a new member (Renewing members p	olease renew online or ca	all 03 9690 4620)	
One-year membership	\$7	0.00^	
Two-year membership	\$11	0.00^	
Concession (one year)(Health care card no.			
Please find enclosed my cheque/money or Australian Breastfeeding Association	der for \$	n	nade payable to the
or charge my Visa Ma	stercard		
Card No.:		CVN:	
Cardholder's name:			
Signature:	Expiry date:	_	
	ı		

Please tick if tax invoice/receipt required.

Prices valid to 30/6//17. ©Australian Breastfeeding Association Feb 2017.

Your privacy is important to us. Our privacy policy can be viewed at www.breastfeeding.asn.au/privacy or obtained by calling 03 9690 4620.

^{*} By providing your email address you give permission for us to email you relevant news and information.

[^] Prices are for **new** personal membership within Australia only. Prices for renewing personal memberships, professional membership and those living outside of Australia are available on our website.