

## **Committee of Management**

## RENEWAL NOTICE FOR MEMBERSHIP OF THE ASSOCIATION

l	(Full Name)
Of	(Postal Address)
Phone contactEn	nail:
I desire to renew my membership of th Menzies Centre Inc for the 2025/2026 f	
Signed	Date/

## **Dame Pattie Menzies Centre Inc**

Reg No. A0008477W ABN 51 724 115 911

P.O Box 20, Alexandra Vic 3714

Telephone: 03 5772 1888

Fax: 03 5772 2582

Email: <a href="mailto:secretary@menziessupport.org.au">secretary@menziessupport.org.au</a>

Payment of membership can now be processed by Direct Credit

BSB: **063628** 

Account No: 10022226

Please use your name as Reference ID.