

**APPLICATION FOR MEMBERSHIP/RENEWAL OF MEMBERSHIP**  
**of**  
**"VOICECRAFT FOCUS"**

TITLE: MR MRS MS MISS DR (Please circle)

SURNAME: .....  
PLEASE PRINT CLEARLY

GIVEN NAME: .....

ADDRESS: .....

.....STATE.....CODE.....

TELEPHONE: Private..... Business/Mobile.....

E-MAIL: .....

PROFESSION: .....

FEES: **\$77.00**(GST incl.) within Australia **\$80.00 AUD** outside of Australia  
(Yearly membership: 1st October – 30th September)

PAYMENT OPTION:

Cheque enclosed payable to Voicecraft International Pty. Ltd.

Please debit my Visa MasterCard Bankcard (please circle)

Card no. \_\_\_\_\_ CVV \_\_\_\_\_

Account name..... Expiry date ...../.....

Signature.....

I wish to receive my copy of the Focus Newsletter by:  Mail  Email

**Return form to:**  
Voicecraft International Pty. Ltd.  
226 Melbourne Street, NORTH ADELAIDE 5006  
South Australia

**NB: Unfortunately we can not accept applications from Departments, ie. Individual membership only**

**MEMBERSHIP FALLS DUE 1st OCTOBER EACH YEAR.**

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Office use only

Membership No.	Due	Actioned
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