

KIRO FOR KIDS

PERSONAL DETAILS:

Given Name _____ Surname _____

MAILING ADDRESS:

Postal Address _____

Suburb/City _____

State/County _____ Post/Zip _____

Country _____

CONTACT DETAILS:

Home Phone _____

E-Mail: _____

CLINIC DETAILS: (Clinic Name and Contact number will appear on your Fact Sheet and Newsletter.)



MEMBERSHIP PAYMENT OPTIONS

Please select from the following:

MONTHLY: \$65 Per month

ANNUALLY: \$695 Per year

*There is also a one off \$90 setup fee for all memberships, and a \$45 fee for each additional clinic location.

PAYMENT DETAILS:

Name on Card _____

Card Number _____

Expiry Date _____ Card Type _____

Signed _____

YOUR MEMBERSHIP DUES HELP US TO HELP THEM

