

**I/We would like to become members of The Platform Kids Fund Inc.**

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Enclosed please find cheque / money order / credit card authority for

Subscription\*: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ **Total: \$** \_\_\_\_\_

Name on card: \_\_\_\_\_ Card type: \_\_\_\_\_

Card No.: □□□□ □□□□ □□□□ □□□□ Expiry date: \_\_\_\_ / \_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**\*Subscription for 12 months: Individual/couple \$25 Concession \$15**

**Please mail to:  
The Platform Kids Fund Inc.  
PO Box 501  
Mt Lawley WA 6929  
Australia**