

TAX INVOICE

**BANKSTOWN MOBILE MINDERS  
ANNUAL REGISTRATION**

Name of Organisation: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

*An annual registration / administration fee  
applies*

\$33.00 - (GST inclusive) Community Groups

\$44.00 - (GST inclusive) Government Groups

**This registration also entitles you to FREE  
membership of BCRG. Please fill out both  
forms and return as soon as possible**

**Please make cheques payable to:**

**Bankstown Community Resource Group Inc**

and send to:

Bankstown Community Resource Group Inc.  
PO Box 260  
Bankstown NSW 1885

Level 2  
23 Marion Street  
Bankstown NSW 2200

PO Box 260  
Bankstown NSW 1885

Ph 9796 2931  
Fax 9796 4713

**Executive Officer**  
Ph 9796 2931  
Fax 9796 4713  
Email r\_galea@bigpond.com

**Community Development Officer**  
Ph 9796 2931  
Fax 9796 4713  
Email cdo@bigpond.com

**Bankstown Children's Services  
Community Development Officer**  
Ph 9796 1561  
Fax 9796 4713  
Email cscdo@bigpond.com

**Supporting Children  
With Additional Needs (SCAN)**  
Ph 9796 1561  
Fax 9796 4713  
Email cscdo@bigpond.com

**Bankstown Mobile Minders**  
Ph 9707 3748  
Fax 9796 1313  
Email L-Johnson@bigpond.com

**Bankstown Speech Pathology**  
Ph 9791 0632  
Fax 9796 1313  
Email bcrspeech@hotmail.com

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23 Marion Street  
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Children's Services  
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Supporting Children  
With Additional Needs (SCAN)  
Ph 9796 1561  
Email [scan@borg.org.au](mailto:scan@borg.org.au)

Bankstown Mobile Minders  
Ph 9707 3748  
Email [mm@borg.org.au](mailto:mm@borg.org.au)

Canterbury Mobile Minders  
Ph 9707 3748  
Email [canterburymm@borg.org.au](mailto:canterburymm@borg.org.au)

Speech Pathology  
Ph 9791 0632  
Email [speech@borg.org.au](mailto:speech@borg.org.au)

Occupational Therapy  
Ph 9791 0632  
Email [ot@borg.org.au](mailto:ot@borg.org.au)

Aboriginal Services  
Ph 9796 2931  
Email [odo@borg.org.au](mailto:odo@borg.org.au)

**Application For General Membership Of  
Bankstown Community Resource Group Inc.**  
(Register No: Y02278-41)

2009

Individual Membership  Organisational Membership  
(NGO)

I, \_\_\_\_\_  
(full name of applicant)

Of \_\_\_\_\_  
(Organisation name—optional)

wish to apply for membership of Bankstown Community  
Resource Group Inc. If admitted as a member I agree to  
accept and support the Rules and Objectives of the  
organisation.

<b>Address:</b>	
<b>Suburb:</b>	<b>Post Code:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Please note:** A copy of the organisation's Rules & Objectives can be  
obtained upon request by phoning Effi Vassiliadis on 9796 2931.

**Office use only:**  
Membership paid. Receipt No \_\_\_\_\_