



*Breakaway Inc*

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www.breakawayinc.org.au  
ABN: 53 852 792 649

**Breakaway Inc Membership Application/Renewal Form**

1 October 2020 to 30 September 2021

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

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please tick the most relevant below:**

- Parent/Carer  Person with a disability  
 Family member  Advocate/Interested Person

I wish to apply to become an ordinary member of the Breakaway Inc. and agree to be bound by the philosophies and policies of the organisation.

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

**Membership Fee: Due by 30<sup>th</sup> October 2020**

- \$ 15.00 individual membership OR  \$ 20.00 family membership

**Payment method: Direct Deposit**

BSB: 034 059

Account: 136 098

Account Name: Breakaway Inc

Payment Reference: Surname Initial and 2021 (eg. Jimmieson H 2021)

Thank you for your support.

*Membership to Breakaway Inc. is not required for eligibility to access services.*



*Breakaway provides flexible and respectful quality care that supports people with a disability in a caring, safe and stimulating environment.*