



MEMBERSHIP APPLICATION or RENEWAL FORM

ABC Friends (QLD) Inc.

New application Renewal Membership No (if known): _____ Date: ___/___/___

Title	Given Name	Family Name	
Your Name:			
Partner's Name: <i>(only if household membership)</i>			
Postal Address:			
Suburb or Town:		Postcode:	
E-mail Addresses:			
Phone Number 1:		Phone Number 2:	

Age group: 30 or under 31 to 50 51 and over

I am happy to receive our thrice-yearly national newsletters electronically (notice via email and electronic link). *If you tick 'No' you will receive printed copies in the post.* Yes No

I am happy to receive occasional emails about ABC Friends' campaigns and activities. Yes No

Membership Fees

- Individual 1 year \$30
- Individual 3 years \$80
- Concession / Low Income 1 year \$20
- Concession / Low Income 3 years \$50
- Household / Organisation 1 year \$50
- Household / Organisation 3 years \$120
- I would like to make a donation of \$ _____

Total Payment: \$ _____

Payment Method

Funds transfer to **ABC Friends (QLD) Inc. NAB BSB 084 468 Acc No 046947822**

Include your name as Reference with this method.

Visa MasterCard Money Order Cheque in favour of **ABC Friends (QLD) Inc.**

Card Number: _____

Expiry Date: ___/___ Name on Card: _____

Cardholder's Signature: _____ Date: ___/___/___

Please post to: **ABC Friends (Qld) Inc. PO Box 1658 Toowong QLD 4066**

Or save and email as an attachment to: treasurer_qld@abcfriends.org.au

Receipts for membership payments are not issued by mail. Check your bank statement if confirmation is needed.