

New Application

Renewal

Membership No. (if known)

	Title	First name	Surname
Your Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>		Postcode <input type="text"/>
Email Addresses:	<input type="text"/>		<input type="text"/>
Phone Number 1:	<input type="text"/>		Phone Number 2: <input type="text"/>

- I want to receive Friends newsletters electronically (three times/year) via email notice with download link. *If you tick 'No' you'll receive printed copies of Update in the post.*

Yes	No
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- I'm happy to receive occasional emails about ABC Friends' campaigns and activities

Yes	No
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MEMBERSHIP

DONATION

Membership Fees

Individual	1 year - \$30	3 years - \$80
Household/Organisation	1 year - \$50	3 years - \$120
Concession (inc. pensioner)	1 year - \$20	3 years - \$50

I would like to make a donation of \$

Total Payment \$

Payment Method

<input type="checkbox"/> Visa Card Number: <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> Expiry Date : <input type="text"/> / <input type="text"/>	<input type="checkbox"/> MasterCard Name on Card: <input type="text"/>	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cheque - in favour of ABC Friends
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Application Date: / /

or save and email as an attachment to: office@abcfriends.org.au

or post to: ABC Friends (Vic), PO Box 233, South Melbourne, Vic. 3205