

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"/>
Age Group:	30 or under	31 to 50	51 and over

- | | | |
|--|-----|----|
| <input type="checkbox"/> I agree to my contact details being provided to my local ABC Friends branch | Yes | No |
| <input type="checkbox"/> I want to receive Friends newsletters electronically (three times/year) via email notice with download link. <i>If you tick 'No' you'll receive printed copies of Update in the post.</i> | Yes | No |
| <input type="checkbox"/> I'm happy to receive occasional emails about ABC Friends' campaigns and activities | Yes | No |

Membership Fees

Individual	1 year - \$30	3 years - \$80	<input type="checkbox"/> I would like to make a donation of \$ <input type="text"/> Total Payment \$ <input type="text"/>
Household/Organisation	1 year - \$50	3 years - \$120	
Pensioner(s)	1 year - \$20	3 years - \$50	
Student	1 year - \$20	3 years - \$50	

Payment Method

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque - in favour of <i>Friends of the ABC (NSW) Inc.</i>
Card Number: <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry Date: <input type="text"/> / <input type="text"/> Name on Card: <input type="text"/>

Application Date: / /

Please post to: ABC Friends NSW & ACT PO Box 1391, North Sydney NSW 2059

or save and email as an attachment to: treasurer@fabcnsw.org.au