ARAFEMI Victoria Inc.
PO Box 83, Hawthorn VIC 3122
Ph. (03) 9810 9300
Fax. (03) 9810 9399
Reg. No. A0000883B
ABN: 21 094 487 229

ARAFEMI

Membership Application Form 2009/2010

OFFICE USE ONLY Member #

❑ New member
OR
❑ Renewal

TITLE **FIRST NAME** **LAST NAME**

ADDRESS

SUBURB **STATE** **POSTCODE**

❑ Please DO NOT include me in the newsletter mailing list

PHONE **MOBILE**

EMAIL

❑ Please DO NOT include me in the AREFEMI e-News list

❑ Individual OR
❑ Organisation (additional details below)

ORGANISATION

PROGRAM

STAFF POSITION (if applicable)

I wish to become a member or to renew my membership of ARAFEMI Victoria for the 2009/2010 financial year. I agree to support the purposes of the Association and be bound by the current Rules. (www.arafemi.org.au)

SIGNED

Privacy Information: Completion of this membership form is a requirement of the rules of ARAFEMI. The names of new members are tabled at a board meeting for acceptance. Your name and address are retained in a confidential membership file, recording date of joining and financial membership status. Your address is used to forward the newsletter to you. No details provided by you on this form are released to any body or corporation outside ARAFEMI Victoria.

PAYMENT DETAILS

MEMBERSHIP TYPE	RATE INCL. GST
❑ Individual	$ 20.00
❑ Individual - concession	$ 10.00
❑ Organisation	$ 30.00

Donation (optional) $

Donations $2 and over are tax deductible. A receipt will be posted to you.

TOTAL $

❑ Cash

❑ Cheque / Money Order payable to 'ARAFEMI Victoria'

❑ Credit Card (details below)

☐ Bankcard ☐ Mastercard ☐ Visa Amount: $

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐ / ☐☐

Name on Card: Signature: