

New application  Renewal  Gift

	Title	Given name	Family Name
Member Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's Name (household only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>		Postcode <input type="text"/>
Email Addresses	Primary <input type="text"/>	Other <input type="text"/>	
Mobile Number	<input type="text"/>	Other Phone Number	<input type="text"/>

### Gift memberships only

Your name

Phone Number  Email

- I agree to my local ABC Friends group/branch receiving my contact details.  Yes  No
- I am happy to receive our 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

#### Membership Type

- Individual  1 year – \$30  3 years – \$80
- Household / Organisation  1 year – \$50  3 years – \$120
- Concession / Low income  1 year – \$20  3 years – \$50

### DONATION

I would like to make a donation of \$

Donations are not tax-deductible

**Total Payment: \$**

#### Payment Method

- Visa  MasterCard  Money Order  Cheque in favour of Friends of the ABC (NSW) Inc.

Card Number  /  /  /

Name on Card

Expiry Date  /  CVV  Today's Date  /  /

To send directly via email - save this form to your desktop or a folder and then close your web browser. Locate the form on your computer then click [here](#) to email it to ABC Friends as an attachment.

Otherwise send to: [membership\\_nswact@abcfriends.org.au](mailto:membership_nswact@abcfriends.org.au)

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