



Membership Application Form

A. Your details

A1. Your personal details

Title Mr Mrs Ms Other Family Name
First Name Middle Name

A2. Your contact details

Address
 Suburb
State Postcode Country
Home phone () Mobile
Work phone () Fax ()

A3. Your email address

Would you like to receive regular member updates? Yes No

B. Apply for membership

B1. I would like to receive the journal - Civil Liberties: by email (CCL preferred option) as hardcopy

B2. I would like to subscribe as:

<input type="checkbox"/> \$70 Ordinary - 1 year	<input type="checkbox"/> \$130 Ordinary - 2 years	<input type="checkbox"/> \$190 Ordinary - 3 years
<input type="checkbox"/> \$120 Household - 1 year	<input type="checkbox"/> \$220 Household - 2 years	<input type="checkbox"/> \$320 Household - 3 years
<input type="checkbox"/> \$30 Concessions - 1 year (Student)	<input type="checkbox"/> \$30 Concessions - 1 year (Pensioner)	
<input type="checkbox"/> \$120 Benefactor - 1 year	<input type="checkbox"/> \$1000 Affiliated organisation - 1 year	
<input type="checkbox"/> \$60 Library subscription - 1 year		

C. Donation

I would like to make a donation of \$
Is this a regular monthly donation? Yes, please debit my credit card for my monthly contribution No
 Please send me information about including NSW Council for Civil Liberties in my will
 The NSW Council for Civil Liberties is already included in my will

D. Pay online or by fax/mail

Pay online at <http://www.nswccl.org.au/>
 I am paying by cheque/money order (Please make cheque/money order payable to NSW Council for Civil Liberties, and post it together with this form.)
 I am paying by the **credit card** as ticked Mastercard Visa (We apologise that we are unable to accept **American Express**)

Card Number
Expiry date / Cardholder's name
Total \$ Cardholder's signature

Address: Suite 203, 105 Pitt Street, Sydney
Email: office@nswccl.org.au
Ph: 61 2 8090 2952

Postal Address: PO BOX A 1386 Sydney South NSW 1235
Website: www.nswccl.org.au
Fax: 61 2 8580 4633