

MEMBERSHIP FORM

Membership Renewal New Membership

Please tick: Single **\$20** Single Concession* **\$15**
 Family **\$30** Family Concession** **\$20**
 Two years' membership

* Concessions apply to retirees, students, unwaged
** Two family members must qualify for the Family Concessional rate
Please note that family members should have a single address.

PLEASE PRINT:

Surname:

Given Name/s: Title:.....

Address:

.....

Email: Ph:

For family membership ONLY: Name/s of family included in the membership:

.....

Optional donation: \$ Signature:

Date:

HOW TO PAY

Post this form with your **CHEQUE** to **ABCF-WA, PO Box 534, Subiaco, WA, 6904.**

OR

Pay by **DIRECT CREDIT** at your bank or other financial institution or via on-line banking.

Please ensure your name is included in the payment information.

If you are a new member, you MUST send us your details so that we are able to contact you: either scan a completed membership form and attach it to an email, or provide the details in an email, and send to wa@abcfriends.org.au.

Details of the **ABC Friends WA** bank account:-

ABC Friends (WA) Inc.

Bendigo Bank BSB Number: **633000** Account Number: **120322847**

Thank you!