

Yes I want to join ADFA and help them continue to provide quality support.



Membership Form

My Details

Mr / Mrs / Ms / Miss / Dr / Prof (Please Circle)

Full Name _____

Organisation _____

Address _____

_____ Post Code _____

Phone Home () _____

Mobile _____

Work: () _____

Email _____

Date of Birth _____

Occupation _____

Asbestos Related Disease (if applicable):

Membership Renewal

- Individuals: \$25 per annum
 Organisations: \$60 per annum
 Families (4 or more) \$12.50 each per annum

***Membership Financial year 1 July to 30 June**

My Payment Details

- My cheque/Money Order Is enclosed.
(made payable to ADFA)

OR

- I authorise for ADFA to deduct a single credit card payment

(please do not send cash through the mail)

Card Type:

- Bankcard Mastercard Visa

Name on card _____

Card number _____

Expiry date _____

Total Payment \$ _____

Signature _____

Thank you for your ongoing support

Please complete and return this form, along with your payment to:

ADFA
Suite 3, AMWU Building
133-137 Parramatta Road,
Granville NSW 2142
P.O. Box 484, Granville NSW 2142
Toll Free: 1800 006 196
Fax: (02) 9897 3259

Office Use Only

Member No: _____

Receipt No: _____

Date Entered: _____

Letter Sent: _____