



**Asbestos Diseases Foundation of Australia Inc.**

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  
[www.adfa.org.au](http://www.adfa.org.au)  
[info@adfa.org.au](mailto:info@adfa.org.au)  
ABN: 29 170 956 389

**MEMBERSHIP APPLICATION /RENEWAL FORM**

Title: Mr/Mrs/Miss/Ms/Dr/Prof (Circle one) Organisation please add Contact Name

Name of person or Organisation : \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Asbestos Related Disease (if applicable): \_\_\_\_\_

**MEMBERSHIP FEES:** NEW MEMBER  
RENEWAL MEMBERSHIP (please circle)

Individuals: \$25 per annum  
Organisations: \$60 per annum  
Families (4 or more) \$12.50 each per annum  
(with Families please fill in one Membership form for each person)

Office Use Only  
Member No: \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Letter Sent: \_\_\_\_\_

I wish to pay by (please circle)  
CHEQUE      MONEY ORDER      CREDIT CARD      CASH  
(please do not send cash through the mail)

CREDIT CARD DETAILS:  
Bankcard       Mastercard       Visa

-----  
Name on card: \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiry date: \_\_\_\_\_  
Amount to be debited to account: \$ \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_