



Asbestos Diseases Foundation of Australia Inc.

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MEMBERSHIP APPLICATION /RENEWAL FORM
FINANCIAL YEAR COMMENCES on the 1ST JULY EACH YEAR

Title: Mr/Mrs/Miss/Ms/Dr/Prof (Circle one)

Name of person: _____

OR

Organisation Name: _____

Organisation Contact: _____

Address: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

Date of Birth: _____ Occupation: _____

Asbestos Related Disease (if applicable): _____

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

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)

I wish to pay by (please circle)

CHEQUE MONEY ORDER CREDIT CARD

CASH (Do not send cash through the post)

Office Use Only Member No: _____ Receipt No: _____ Date Entered: _____ Letter Sent: _____

DIRECT DEPOSIT - Unity Bank BSB 882-000 Account No – 53093 Account Name **adfa**

Please use your surname or company name as reference

CREDIT CARD DETAILS:

Mastercard

Visa

Name on card: _____

Card number: _____

Expiry date: _____

Amount to be debited: \$ _____ Signature of Cardholder: _____