

Friendship For Life

Annual Membership

MEMBERSHIP

TYPE OF MEMBERSHIP

SINGLE: \$20.00

DOUBLE: \$40.00

OTHER:

MEMBERS RECEIVE (please circle)

- Certified Membership
- Personal Invitations to Friendship For Life Events
- Friendship for Life Members Lapel Pin

(Please specify if you would prefer to receive your invitation in another language other than English?)

Yes: No: Language:

PERSONAL DETAILS

NAME:

AGE:

- < 12 yrs
- < 20 yrs
- < 30 yrs
- < 40 yrs
- > 41 yrs

MAILING ADDRESS:

PREFERRED CONTACT: (please select)

- Phone:
- Email:

Terms and Conditions.

Membership is valid for 12 months. A receipt will be forwarded with all Membership within a 6 week period. Members will be contacted 4 weeks prior to expiration of membership, for renewal options. By signing this declaration you agree to these terms and conditions.
A.B.N. 76 178 058 562

SIGNATURE:

Date:

PAYMENT

I enclose the amount of \$..... for membership.

Payment Type: Cash:
 Cheque:
 Money Order:

[Office use] Authorised Personnel:

Please print this document, fill in and post to: Friendship For Life PO Box 323, Warrawong NSW 2502

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PAYMENT RECEIPT:

