AUSTRALIAN FALSE MEMORY ASSOCIATION Inc

PO Box 74, Campbelltown, SA 5074 Phone 1300 88 88 77 www.afma.asn.au ABN 23 837 669 480

MEMBERSHIP / SUBSCRIPTION APPLICATION & RENEWAL FORM (The identity of members and donors is confidential.)

Membership provides -

- Access to AFMA resources including basic information pack, and telephone
 One year subscription to the AFMA Bulletin by email (extra \$5 if by posterior) support.
 - Bulletin by email (extra \$5 if by post).

Volume membership also analyzes the continuity of website and telephone support

Your membership also ensures the continuity of website and te	elepnone su	pport.
Please tick appropriate items below. (Amounts are Australian D	ollars.)	
☐ Family Membership (permits two votes at General Meetings *)	- \$45	\$
☐ Individual Membership (permits one vote at General Meetings *)	- \$25 each	\$
☐ Seniors/Pensioners/Full Time Students - Annual Membership *	- \$20 each	\$
$\hfill\square$ I do not wish to become a member at this time but I would like to		
subscribe to the AFMA Bulletin by email - annual subscription	- \$10	\$
☐ If requiring the <i>Bulletin</i> by post instead of email, add	- \$5	\$
☐ I enclose additional donation of (donations are greatly appreciated)	ed)	\$
	TOTAL:	\$
NOTE CHANGE: As the cost of processing credit/debit card paymer has withdrawn this method. Pay by crossed cheque or money orde Foreign payments: Use an international money order or bank draft or	r, made out t	
Dr/Mr/Mrs/Miss/Ms/Other Name:		
Please For multiple or Family Memberships , a second name may be provi		o * bolow
		e below.
Dr/Mrs/Miss/Ms/Other Name: Please	orint	
Address:		ite:
Post Code: Country: Email:		
Phone numbers - Home: () Mob:		
Please tick your preference for the <i>Bulletin</i> to be sent by email If you ticked post , ensure you have included an extra \$5.	, or pos	t
I / We apply for the above and agree to be bound by the rules of the	Association	-
Signed *: Date:		
Signed *: Date:		
γ For a Family Membership: One name and a signature give two vo	tes to that pe	rson.

Two memberships on one form: Two names and two signatures give one vote to each. Only signatories (or their formal proxies) may vote at General Meetings.

Please return to: The Treasurer, AFMA, PO Box 74, Campbelltown, SA 5074