

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

Membership provides -

- Access to AFMA resources including a basic information service and telephone support;
- One year subscription to the AFMA *Bulletin* by email (extra \$5 if by post).

Your membership also ensures continuity of the AFMA website and national help line.

Please tick appropriate items below. (Amounts are Australian Dollars)

- Family Membership (permits two votes at General Meetings *) - \$45/year \$ _____
- Individual Ordinary Membership (permits one vote at General Meetings *) - \$25/year each \$ _____
- Individual Senior, Pensioner, or Full-Time Student (one vote in a GM *) - \$20/year each \$ _____
- I wish my AFMA *Bulletin* to come by post, not by email - add \$5 \$ _____
- I do not wish to become a member at this time but I would like to subscribe to the AFMA *Bulletin* for one year: Annual subscription is \$10/year by email, \$15/year by post \$ _____
- Donations assist our work and are greatly appreciated. I enclose a donation of - \$ _____
- TOTAL: \$ _____

Method of payment: As the cost of processing credit/debit card payments is high, please pay by crossed cheque or money order. **If this is inconvenient, please call our Treasurer on 1300 88 88 77.**
Foreign payments: Please use an international money order or bank draft only.

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I / We apply for the above and agree to be bound by the rules of the Association if membership is accepted -

Dr/Mr/Mrs/Miss/Ms/Other _____ Name: _____
Please print

Signed * _____ Date: _____

For a second membership, a second name and signature must be provided. For a **Family Membership**, a second signature is optional, but see note * below.

Dr/Mr/Mrs/Miss/Ms/Other _____ Name: _____
Please print

Signed * _____ Date: _____

- * { Only a signatory, or a person granted his/her proxy in writing, may vote at a General Meeting.
For a Family Membership, one name and signature gives two votes to that person; two signatories, one vote each.
For two memberships on one form, two names and two signatures give one vote to each person.

Address: _____		State: _____
Post Code: _____	Country: _____	Email: _____
Phone numbers - Home: (____) _____		Mobile: _____

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