

# AUSTRALIAN FALSE MEMORY ASSOCIATION Inc

Please return to: The Treasurer, AFMA, PO Box 593, Dickson, ACT 2602

Phone 1300 88 88 77 www.afma.asn.au ABN 23 837 669 480

## MEMBERSHIP APPLICATION / ANNUAL RENEWAL, DONATION FORM

The identity of members and donors is confidential. No information capable of leading to the identity of a member, or donor, or their friends and relatives will be disclosed other than to AFMA's Management Committee and counsellors unless permission for such disclosure is first obtained.

**Membership provides** access to AFMA's information resources and telephone support.

Your membership also ensures continuity of AFMA's 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 (one vote at General Meetings\*) - \$25/year \$ \_\_\_\_\_
- Individual Senior, Pensioner, or Full-Time Student (one vote at GMs\*) - \$20/year \$ \_\_\_\_\_
- Donations assist our work and are greatly appreciated. I enclose a donation of \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_

**Payments may be made:** (1) by crossed cheque posted to the address above at top; or (2) by online transfer to AFMA's account: **BSB 105-152, account number 036 630 840** – please put your member name in the 'Reference' field shown in the online transaction so we know who paid it; or (3) at any branch of Westpac Bank, St George Bank, Bank of Melbourne or Bank SA, by an over-the-counter deposit to the above account, showing the member name on the deposit slip; or (4) for foreign payments, by international money order or bank draft only.

- If all of the above methods are problematic, please call our Treasurer on 1300 88 88 77.

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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.

Postal address: \_\_\_\_\_ State: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone numbers – Fixed line: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile: \_\_\_\_\_