

# AMDF COMMUNITY MEMBERSHIP & DONATION

Join the AMDF Community by completing this form and posting/faxing/emailing to the details below.

TITLE	FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		
<input type="text"/>		
<input type="text"/>		
CITY	STATE	POST CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	MOBILE NUMBER	
<input type="text"/>	<input type="text"/>	
E-MAIL ADDRESS		
<input type="text"/>		

PLEASE ACCEPT MY DONATION	I WOULD LIKE TO PAY	
\$ <input type="text"/>	<input type="checkbox"/> BY CREDIT CARD	<input type="checkbox"/> BY CHEQUE / MONEY ORDER (ENCLOSED)
CREDIT CARD NUMBER	EXPIRY DATE	
<input type="text"/>	<input type="text"/> / <input type="text"/>	
CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE	
<input type="text"/>	<input type="text"/>	

**MAKE CHEQUES PAYABLE TO: AUSTRALIAN MITOCHONDRIAL DISEASE FOUNDATION LTD**  
DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE – AN OFFICIAL RECEIPT WILL BE ISSUED

I WOULD LIKE TO HELP AND HAVE THE FOLLOWING INTERESTS OR SKILLS

<input type="checkbox"/>	ACCOUNTING	<input type="checkbox"/>	EDUCATIONAL	<input type="checkbox"/>	MEDICAL
<input type="checkbox"/>	ADMINISTRATION	<input type="checkbox"/>	FUND RAISING	<input type="checkbox"/>	PUBLIC RELATIONS
<input type="checkbox"/>	DESKTOP PUBLISHING	<input type="checkbox"/>	MARKETING	<input type="checkbox"/>	WEB DEVELOPMENT
OTHER					
<input type="text"/>					

By mail:  
6 Burdekin Cres  
St Ives, NSW, 2075

By fax:  
+61 2 9488 8058

Scan and e-mail:  
membership@amdf.org.au