

AMDF COMMUNITY MEMBERSHIP

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:
PO BOX 856
SURRY HILLS, NSW, 2010

BY FAX:
+61 2 9999 3474

SCAN AND E-MAIL:
membership@amdf.org.au