

2009-10

MEMBERSHIP APPLICATION FORM

'Friends of the Foundation'



Name: _____

Address: _____

Post Code: _____

Phone: Home _____

Business _____

Mobile _____

Email _____

Date: _____

ANNUAL MEMBERSHIP FEE **\$15**

DONATION **\$ _____**

Donations over \$2 are tax deductible.

TOTAL PAYMENT **\$ _____**

PLEASE NOTE

All cheques/money orders made payable to the **Hunter Breast Cancer Foundation**. Please complete this form (with payment enclosed) and forward to PO Box 145 Lambton 2299 or alternatively payments can be made at 106 Elder Street, Lambton. All enquiries please contact the Foundation on 4950 9124 or email thefoundation00@bigpond.com or visit our website @ www.hbcf.org.au

Membership Benefits (✓)

- I would like to receive a copy of the Bra Vo! Newsletter.
- I would like to be kept up to date with all events and activities.
- I am interested in volunteering my services to the Foundation and would like to know how I can become involved.

FOR OFFICE USE ONLY

Date Received _____ Paid By **CHEQUE** **MONEY ORDER** **CASH**

Cheque No _____ Institution _____

Membership Receipt No _____ Donation Receipt No _____