A Yes, I would like to become a member of the Hunter Melanoma Foundation…

Hunter Melanoma Foundation Inc ABN 75 185 968 305

☐ Membership Renewal ☐ New Member

I, (full name of applicant) _____

of (address) _____

hereby apply to become a member of the abovenamed corporated association. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

signature _____ date _____

phone (h) _____ (w) _____ (m) _____

email address _____

occupation (past or present) _____ date of birth _____

Membership fees are **$11.00 per year** (including GST) payable on 1 July each year. Members receive a regular newsletter.

B Yes, I would like to make a contribution to the Hunter Melanoma Foundation…

in the amount of

☐ $10.00 ☐ $25.00

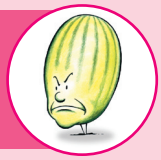
☐ $50.00 ☐ $75.00

☐ $100.00 ☐ $200.00

or $ _____

Please complete payment details below in section D.

B Yes, I would like to make a regular monthly donation to the Hunter Melanoma Foundation…



☐ $25.00 ☐ $50.00

☐ $75.00 ☐ $100.00

or $ _____

I understand that the above amount will be charged to my credit card on the 1st business day of the month unless I advise other wise.

signature _____

Please complete payment details below in section D.

D Payment Details

☐ I have enclosed my cheque / money order made payable to: Hunter Melanoma Foundation

OR please charge my credit card ☐ Bankcard ☐ Visa ☐ Mastercard

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐☐☐

Signature _____ Date _____

Thank you Please return your gift to the postal address below. Your gift is tax deductible

☐ Yes, I am happy for you to add my details to the HMF database

☐ Yes, I would like to receive regular copies of the HMF newsletter: ☐ posted to the above address ☐ sent via email

☐ Please send me information about leaving a bequest to the HMF.

PO Box 278 Waratah NSW 2298. Phone 02 4985 0103 / Fax 02 4985 0101 / email melafdn@tpg.com.au