



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

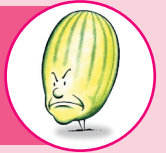
\$100.00

\$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.