

MEMBERSHIP DUE JULY 1ST

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

Hunter Melanoma Foundation Inc

CFN 11111

ABN 75 185 968 305



Membership Renewal

New Member

**HMF**  
Hunter Melanoma Foundation

I, (full name of applicant)

of (address - your receipt will be posted here)

hereby apply to become a member of the abovenamed incorporated 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.



## Payment Details

I enclose payment for \$11 membership  I would also like to make a donation of: \$ \_\_\_\_\_ Total amount: \$ \_\_\_\_\_

A cheque made payable to: Hunter Melanoma Foundation is enclosed OR please charge my  Bankcard  Visa  Mastercard

Card Number                 Expiry

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you!

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

Please send me information about leaving a bequest to the HMF  Please remove my details from HMF mailing list

Yes, I would like to find out more about becoming a HMF Volunteer. Please contact me.