



Application for Membership 2023/2024

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|------------|
| Full Name: |
| Address: |
| Post Code: |
| Telephone: |
| Mobile: |
| Email: |

Individual Membership: \$10 per annum. Each member must provide a separate application.

| | | | |
|---|--|--|--|
| Direct Deposit: NAB Australia BSB: 084 391 | | Account Name: FOP Australia Ltd Account Number: 330 189 301 | |
| Please enter your name as the payment reference | | | |
| Membership per annum | | \$10 | |
| I'd like to make an additional gift of : | | \$25 <input type="checkbox"/> | |
| | | \$50 <input type="checkbox"/> | |
| | | \$75 <input type="checkbox"/> | |
| | | \$100 <input type="checkbox"/> | |
| Donations over \$2 are tax deductible | | Other: \$ _____ | |
| TOTAL AMOUNT PAYABLE | | \$ _____ | |

Once payment has been made this form constitutes a receipt please keep it for your reference.

Once completed please send the form to info@fopaustalia.org

APPLICANT'S SIGNATURE: _____ DATE: _____

Office Use Only:

| | | |
|--------------|-------|------------------------|
| Accepted by: | Date: | Entered into Register: |
|--------------|-------|------------------------|

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FOP AUSTRALIA

info@fopaustalia.org

www.fopaustalia.org

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