



# Application for Membership 2020/2021

## Personal Details

First Name\*  Surname\*

Address\*

Suburb\*  Postcode\*

Postal Address  
(if different to above)

Telephone / Mobile

Email Address

Are you a member of any political party?  Yes  No If Yes, which party?

Are you enrolled to vote?  Yes  No State Electorate:

## Membership Options (Choose one)

- \$50 Single/ Couple  \$25 Concession / Pensioner

## Donation (Optional)

Please accept my donation of  \$200  \$100  \$50  \$25  OTHER \$

Make this a monthly donation  This is a one-off donation

I would like to have Quarterly **All Life Matters** Newsletter sent via:  Email  Hardcopy  BOTH

## Payment Method

Please choose payment by one of the following methods (Choose one)

- Cheque or Money order enclosed: \$  (payable to Right to Life NSW)
- EFT: **BSB 032-000 Account No# 78-9116** [Must include Last name and Initial as Reference eg. SmithM]
- Pay by Master Card / Visa

MEMBERSHIP + DONATION = TOTAL: \$

## Card Information

Card Number

Name on Card

Expiry Date

Signature

X

SIGNATURE:

DATE:

CONTACT US ON:

Suite 11b, Level 12, 37 Bligh Street, Sydney 2000 | T: 02 92998350 | E: office@righttolifensw.org.au

(ABN: 14 466 538 763 )