

APPLICATION FOR MEMBERSHIP

I am interested in becoming a member of
ADFAS Yarra Inc

Mr..... Ms..... Mrs..... Dr..... (tick preferred)

First Name:

Surname:

Address:

.....

..... Postcode

Email:

Telephone

Home

Mobile

Preferred Lecture time

Morning..... Afternoon..... Either Time.....

Please do not send money.

You will be advised when to send your joining fee
and annual subscription.

Signature:

Date:

Please return your application to:

Carol Johnston

Membership Secretary

ADFAS Yarra

PO Box 51

Elsternwick 3185

Mobile: 0409 871 254

Email: cgj@unimelb.edu.au