

MEMBERSHIP FORM 2020

Preferred First Name for Membership Badge:

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Surname:

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Address:

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Telephone:

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Email:

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Membership: \$130.00 Due 31/01/2020

Payment Options:

- Enclose cheque payable to ADFAS Fleurieu and mail with this form to the address below.
- Direct Deposit — **Quote your full name**
National Australia Bank
Account name: **ADFAS Fleurieu**
BSB: **085938** Account No: **741 618 633**
and mail this form to:

**ADFAS Fleurieu
P O Box 602
VICTOR HARBOR 5211**

- Payment at the door from the first lecture of 2020. No credit card facilities are available.

ADFAS Fleurieu Inc. ABN 88 767 210 464

Compliance with the Privacy Act: I consent to have my name and contact details added to the ADFAS database, and for them to be used to provide information to me on ADFAS lectures, travel and news. You may unsubscribe from such messages at any time.

Public Liability insurance of \$20,000,000 is held by ADFAS Fleurieu under the Association of ADFAS's insurance policy