

**APPLICATION FOR MEMBERSHIP
2020**

I/we would like to become a member(s) of ADFAS Camden

Dr/Mr/Mrs/Ms/Miss/Other.....
(Please print clearly)

First Name.....

Surname.....

Address.....

.....

..... Postcode.....

Telephone No.....

Mobile or Work.....

Email.....

(Please print and punctuate clearly)

- **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 on ADFAS lectures, travel and news. You may unsubscribe from such messages at any time.
- **Public Liability Insurance** of \$20 Million is held by ADFAS Camden under the insurance policy of the Association of ADFAS.

Signed.....

Gift Membership? Yes No
(Please tick)

How did you hear about ADFAS? (Please tick)

Poster? Flier? Newspaper?

Friend? Radio? Other?.....

Payment (\$145 per person) can be made by:

Cash Cheque EFT
(Please tick)

Cheques: payable to ADFAS Camden Inc.

EFT details: Macarthur Credit Union, Camden
BSB: 802 388 : A/C: 100026197

If paying by EFT please ensure you include your name so we can identify your payment.

Please return this form with your payment details to:

The Treasurer,
ADFAS Camden Inc
PO BOX 146,
Camden, NSW 2570