

**APPLICATION FOR  
MEMBERSHIP ADFAS Yarra Inc**

Mr  Ms  Mrs  Dr

First Name: .....

Surname: .....

Address: .....

.....Postcode: .....

Email: .....

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 and news.

Signature .....Date.....

Telephone.....

Mobile..... Home.....

Preferred option:  Morning  Afternoon  Either time

**Please do not send money.** You will be advised when to send joining fee and annual subscription.

Signature: .....

Date: .....

Please return your application to:

Berres Thom  
Membership Secretary  
ADFAS Yarra  
PO Box 51  
Elsternwick 3185  
[adfasyarra@gmail.com](mailto:adfasyarra@gmail.com)

[www.adfas.org.au](http://www.adfas.org.au)

**Public Liability Insurance** of \$20,000,000 is held by ADFAS Yarra under the insurance policy of the Association of ADFAS