

FRIENDS OF NGALA APPLICATION FOR MEMBERSHIP

I hereby make application to become a Friend of Ngala and enclose \$30.00 being membership fee for the year ending March 2010.

Mr/Mrs/Ms/Dr: _____ First name: _____ Surname: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Membership	\$	30.00	
Additional \$ 10.00 for copies of minutes (OPTIONAL)	\$		
Donation	\$		
TOTAL	\$		

Donations over \$2 are tax deductible

I enclose a cheque/money order for total amount (made payable to "Ngala Community Services")

Or

Please debit the total amount to my

VISA

MASTERCARD

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expiry date _____ / _____

Signature: _____ Card Holder's Name: _____

Please tick if receipt required

For Office Use

Date Paid	Receipt No
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Please return the completed application form to:

The Liaison Office
Friends of Ngala
9 Georgestree
Kensington
WA 6151

Ngala
Parenting with Confidence