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 financial year ending in June.

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 Family Services")

Or

☐ Please debit the total amount to my ☐ VISA ☐ MASTERCARD

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ expiry date ____/____

Signature: _____ Card Holder's Name: _____

For Office Use

Date Paid	Receipt No

Please return the completed application form to:

The Liaison Officer
Friends of Ngala
9 George Street
Kensington
WA 6151

Ngala
Parenting with Confidence