



Membership Application/Renewal Form

Mr / Mrs / Ms / Dr: _____ First name: _____
Address: _____
_____ Post Code: _____
Phone: _____ Mobile: _____
Email: _____

I enclose cheque / Money order for \$5.00 as annual membership of ARAFMI (Tas) Inc, for the 2009 – 2010 financial year.

I am interested as: (please tick)

- € A carer
- € A student
- € A professional
- € Other reason

I wish to receive: (please tick)

- € Monthly updates
- € Promotional material about up coming events
- € Quarterly Newsletter

Please send me a receipt: Yes / No

Office use:

Endorsed by committee members:

Name: _____ Signed: _____

Name: _____ Signed: _____

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