



NATIONAL RURAL  
HEALTH  
ALLIANCE INC.

# Friends OF THE ALLIANCE



## MEMBERSHIP APPLICATION FORM

### MEMBERSHIP TYPE (GST inclusive)

- Individual Membership \$69  
 Concession (not in paid workforce) \$46  
 Small Organisation (less than 50 staff) \$230  
 Large Organisation (50 or more staff) \$460

### YOUR DETAILS

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Preferred Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### PAYMENT

#### ■ Payment by Mastercard/Visa

Attach cheque/postal note payable to Friends of the Alliance or fill in your credit card details:

Card type (please tick):  Mastercard  Visa

Card Number:

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Expiry: □□ / □□ CVV: □□□

Card holder's Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

#### ■ Payment by Electronic Funds Transfer (EFT)

If you would like to make your payment by EFT please make a direct deposit to:

Account name: National Rural Health Alliance Inc.

BSB number: 032-731

Account number: 114833

Reference: \* FRND(organisation name or first initial - surname) eg: FRNDNRHA, FRNDJSMITH

\*Please include reference when paying via EFT.

Membership valid to **30 June 2017**

Please return this form by email to [friends@ruralhealth.org.au](mailto:friends@ruralhealth.org.au), mail to PO Box 280 Deakin West ACT 2600, or fax to 02 6285 4670