

MEMBERSHIP APPLICATION/RENEWAL (Membership covers the financial year, July 1–June 30)

Title First name Surname.....

Postal address Postcode.....

Tel..... Mob..... Email@.....

PAYMENT

➤ Enclosed is my cheque/money order for \$..... (Including \$ donation)

– OR

➤ Please debit my credit card the amount of \$..... (Including \$ donation)

Card Number

Name on Card..... Expiry

➤ **Please renew my subscription annually, using the above credit card details.** (Leave blank if you do not wish to use this facility)

Date

Signature

MEMBERSHIP FEES (please circle one)

\$15 Unwaged or concession

\$40 Waged, household, or non-profit group

\$110 Corporate

* Please note: memberships are subject to approval by the EDO Management Committee. Members must agree to abide by the EDO's Rules.

Office use only: Recieved Receipt #..... Database