

**Friends of the ABC (S.A.) Inc.**  
**PO Box 7158 Hutt St.**  
**ADELAIDE SA 5000.**  
e-mail: [abcfriendssa@gmail.com](mailto:abcfriendssa@gmail.com)

**New Member and Renewal form - South Australia and Northern Territory**

**membership fees (effective from 14<sup>th</sup> Aug 2017):**

Individual employed:           \$30 (1 year) or \$80 (3 years)  
Concession (low income):     \$20 (1 year) or \$50 (3 years)  
Household/Organisation:     \$50 (1 year) or \$120 (3 years)  
Donation                             \$ \_\_\_\_\_

For Personal record: Total amount paid \$ \_\_\_\_\_  
Date \_\_\_\_\_

Rosemary Abbott: Membership Ph: 8362 0936

**Please return the below section for administration records (email or post)**

**NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_**

**Name & Address**.....  
.....

Phone: Day..... Evening.....

e-mail address: .....

- Individual employed:           \_\_\_\_\_ \$30 (1 year) or \_\_\_\_\_ \$80 (3 years)
- Concession (low income):     \_\_\_\_\_ \$20 (1 year) or \_\_\_\_\_ \$50 (3 years)
- Household/Organisation:     \_\_\_\_\_ \$50 (1 year) or \_\_\_\_\_ \$120 (3 years)
- I want donate to the State Fighting Fund. \$ \_\_\_\_\_

- \_\_\_\_\_ I am sending (enclosed) cheque/money order. [Cheques to be made payable to: Friends of the ABC (S.A.) Inc.]
- \_\_\_\_\_ I am paying with a funds transfer to Bank SA BSB 105-900 acc 960 799 640 (include your name with this method)
- \_\_\_\_\_ I am paying by credit card (please enter your details below)

**My receipt:** post it \_\_\_\_\_ or, e-mail it \_\_\_\_\_ or, I don't need one \_\_\_\_\_

Credit card brand \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_      Expiry date: \_\_\_\_/\_\_\_\_

Cardholders name: (Please print).....      3 digit CVV number \_\_\_\_

Signature:.....