

Membership Renewal Form

Please return this form completed to:
National Marketing & Fundraising
DRUG ARM Australasia
GPO Box 590
BRISBANE QLD 4001



DRUG ARM Australasia
ABN 64 102 943 304

www.drugarm.com.au
drugarm@drugarm.com.au

NATIONAL OFFICE
Lvl 2/24 Hamilton Place
Bowen Hills Qld 4006
GPO Box 590
Brisbane Qld 4001
Ph: (07) 3620 8811
Fax: (07) 3620 8812

NEW SOUTH WALES OFFICE
1/14 Court Road
Fairfield NSW 2165
PO Box 1030
Fairfield NSW 1860
Ph: (02) 9755 0596
Fax: (02) 9755 0593

QUEENSLAND OFFICE
Lvl 1/24 Hamilton Place
Bowen Hills Qld 4006
GPO Box 590
Brisbane Qld 4001
Ph: (07) 3620 8800
Fax: (07) 3620 8801

SOUTH AUSTRALIA OFFICE
38 Unley Road
Unley SA 5061
Ph: (08) 8373 5364
Fax: (08) 8373 5367

➤ **Yes, I want to support DRUG ARM through membership.**

Membership Categories	1 year (2010/11)	3 years (2010/13)
Individual/Family	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$120.00
Pensioner	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$75.00
Church/Corporate	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$150.00
Community Agency/Service Club	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$135.00

I would also like to make a tax deductible donation of \$ _____ to DRUG ARM

Total amount: \$ _____

Contact Details

Name: _____

Position: _____

Organisation: _____

Address: _____

_____ Post Code: _____

Telephone: (W) _____ (H) _____ (M) _____

Email: _____

Payment Details

Please find enclosed my Cheque/Money Order (Made payable to DRUG ARM)

OR

Please charge my credit card for the total amount above.

Visa

Mastercard

Amex

Cardholder Name: _____

Card Number: _____ / _____ / _____ / _____ Expiry: ____ / ____

Signature: _____ Date: _____