

SUPPORTER of ADFA APPLICATION / RENEWAL FORM



Title _____ Given Name _____ Surname _____

Address : _____

Suburb: _____ State: _____ Post Code: _____

Phone No: _____ Mobile: _____

Email address: _____

We like to use email to keep you informed of our activities.

However, if you prefer to receive information and newsletters by mail, then please tick

I/we wish to join as a member of the “Supporters” of ADFA as indicated below :

Donation Joining Fee (new Supporters only) \$ 20

Annual Donation :

Family Supporters \$ 50

Single Supporter \$ 20

Pensioner / Student Supporter \$ 10

Donation: towards ongoing ADFA projects \$ (please enter amount)

Please tick if you require a tax-deductible receipt

Total : \$ _____ (Supporters Fee/s + donation)

Payment method: Credit card, Cash Cheque (*payable to 'Australian Doctors for Africa'- Relief Fund'*),

or Direct Deposit to National Australia Bank ADFA Relief Fund - BSB 086 492 Acct no. 8 2925 1127

Name on card: _____

Visa or Mastercard No. _____ / _____ / _____

Expiry date: _____ / _____ Signature: _____

Thank you for your kind support which helps fund our ongoing volunteer medical work in Africa

Return form with payment to: ADFA 20 Colin Street West Perth WA 6005

Telephone: **9321 5480** Fax: 9321 2843
Email: gforward@inet.net.au

ABN: 47 116 149 985
www.ausdocafrica.org