MEMBERSHIP APPLICATION / RENEWAL

Application for Membership year ending December 2008

Full Name/s……

Postal address……

……

……Post Code……

Telephone: Home…… Work……

Mobile…… Fax……

E-mail……

Donor Gift of $……accompanies this application for Membership

*Please tick category: *GST Inclusive*

GENERAL MEMBERSHIP

*Individual	$ 25.00	☐
*Family	$ 35.00	☐
*Corporate (Two nominees)	$100.00	☐
*Register Volunteer	$ 15.00	☐

If Corporate membership, enter two nominees below:

Nominee 1……

Nominee 2……

OSTOMY MEMBERSHIP

Include CCNT General Membership

* Individual	$50.00	☐
* Pensioner	$45.00	☐

Type of Surgery:

Ileostomy ☐

Colostomy ☐

Urostomy ☐

Medicare No: ……

Vet Affairs: ……

Date of Birth:……

Signature……Date……

Credit Card Payment: Debit will appear on your statement as The Cancer Council of the NT. Enclosed please find a cheque made out to The Cancer Council NT or debit my Credit Card for $……

☐ Cheque ☐ Bankcard ☐ MasterCard ☐ Visa

Credit card number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on credit card……

Signature…… Expiry Date ……/……/……

For Office Use Only: -

Date received……/……/200

Recorded by……

Date Registered……

Amount Received $……

Receipt # ……

Authorization # ……

Please send Membership form to: Head Office PO Box 42719 Casuarina NT 0811

Telephone: (08) 8927 4888 Fax: (08)8927 4990