

SUICIDE PREVENTION AUSTRALIA - MEMBERSHIP FORM



Suicide Prevention Australia

<input type="checkbox"/> New member	<input type="checkbox"/> Renewal	Date _____	
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Fees: Membership fees are effective for 12 months and are GST inclusive.

Concession rates: Individual concession rates are available to individuals with income less than \$50,000 per annum; to survivors of suicide; and to family members who have been affected by suicide. Organisation concession rates are available to non-government organisations with annual income less than \$200,000.

INDIVIDUAL MEMBERSHIP		<input type="checkbox"/> Standard (\$66.00)	<input type="checkbox"/> Concession (\$33.00)
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr Other _____			
First Name: _____		Last Name: _____	
Postal Address: _____			
Suburb: _____		State: _____	Postcode: _____
Phone 1: _____		Mobile: _____	
Email: _____		Fax: _____	
Employer: _____		Position: _____	

ORGANISATION MEMBERSHIP		<input type="checkbox"/> Standard (\$137.50)	<input type="checkbox"/> Concession (\$66.00)
Organisation: _____			
Description of activities: _____			
Type: <input type="checkbox"/> Not For Profit <input type="checkbox"/> Education <input type="checkbox"/> Govt. (Federal / State / Local) <input type="checkbox"/> Business / Industry			
Postal Address: _____			
Suburb: _____		State: _____	Postcode: _____
Website: _____			
<i>Details of primary contact person for membership:</i>			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr Other _____			
First Name: _____		Last Name: _____	
Position: _____			
Phone 1: _____		Mobile: _____	
Email: _____		Fax: _____	

PAYMENT DETAILS		<i>If you are able, an additional tax deductible donation would be greatly appreciated.</i>	
Donation: \$ _____		Total amount to be paid: \$ _____	
I have included a cheque / money order : <input type="checkbox"/>			
I have paid by direct deposit: <input type="checkbox"/>		Deposit to: BSB 062-128 Account number 101 504 19	
I will pay by credit card: <input type="checkbox"/>		Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card number: _____		Expiry: _____	
Name of cardholder: _____		Signature: _____	

Please return completed form to:

Suicide Prevention Australia

GPO Box 219 Sydney NSW 2001

Phone: (02) 9223 3333

ABN: 64 461 352 676

This form can be used as a Tax Invoice