



MEMBERSHIP FORM

01 July 2007 to 30 June 2008

We invite you to support The Cancer Council ACT in its efforts to reduce the impact and incidence of cancer in the Canberra region by becoming a member of The Council. Please note that each membership is applicable to only one person

Please complete this form and return to The Cancer Council ACT, PO Box 143, Fyshwick ACT 2609 or fax 02 6257 5055.

Surname _____

First name _____

Address _____

Postcode _____

(Please tick)

\$22 (Includes GST) Membership

\$ _____ Donation

Total Amount \$ _____

Signature _____ Date _____

Accepted by Executive Officer _____ Date _____

FOR CREDIT CARD PAYMENTS

I hereby authorise The Cancer Council ACT to debit my credit card with the sum recorded above:

Mastercard / Visa / Amex / Diners
Expiry Date ____ / ____

Card Number ____ / ____ / ____ / ____

Signature _____ Date _____

Thank you for your support

The Cancer Council ACT strictly complies with the Privacy Act (1988) and the ten National Privacy Principles.
For more information about The Cancer Council ACT Privacy Policy please visit our website at www.actcancer.org or contact us on (02) 6257 9999