

New Membership Application 2017-2018

Title _____ First Name _____ Family Name _____

Organisation (if applicable) _____

Address _____

Postcode _____

Phone Mobile _____ Other _____

Email _____

Occupation _____ Expertise _____

**I wish to become a member of Social Policy Connections.
In the event of my admission as a member,
I agree to be bound by the Rules of Association.**

Individual Membership \$40 \$ _____

Organisation Membership \$80 \$ _____

I would like to help advance the work of SPC
with a donation of \$ _____

TOTAL \$ _____

Payment Options

Cheque ☐

Money Order ☐

Mastercard ☐

Visa ☐

Card Number

Name on Card _____ Expiry _____ / _____

Signature _____ Date _____

Receipt Required? ☐

BPay Social Policy Connections BSB 083159 Account 792617040
Reference Your last name and phone number