

social policy connections

SPC New Membership Application



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.

Title _____ First Name _____ Family Name _____

Organisation (If applicable) _____

Address _____

Postcode _____

Phone Mobile _____ Home _____

Email _____

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 083230 Account 792617040
Reference Your last name and phone number

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