

## Membership Application

For ALL Payment Methods please return this form to the address below

Date: .....

Surname: ..... First Name/s: .....

Address: .....  
..... Postcode .....

Tel: ..... Mobile: .....

Email: ..... (preferred) ..... DOB ..... (Electoral Commission requirement)

Membership: \$30 per person / \$45 family / \$25 concession \$.....

Donation: \$10 \$100 \$1000 Other \$.....

Total \$ .....

(Donations over \$2 are tax deductible to a maximum of \$1,500 per person per year)

*Thank you!*

**Payment Option 1:**  **Cheque or Money Order**

Family First Party Inc  
77 Fullarton Road  
KENT TOWN SA 5067

**Payment Option 2:**  **Credit card - Visa / MasterCard**

Cardholder Name: .....

Card No: ..... / ..... / ..... Exp: ..... / .....

Signature: ..... Date: .....

Total Credit Card Payment: \$.....

**Payment Option 3:**  **Direct Credit** to Family First Party Inc

BSB 105 118 Account 044 339 940

*Please include your name and payment purpose (eg Membership, Donation etc) and please notify us by email, phone or indicate above.*