

asbestoswise

Membership Form

Application for Membership of Asbestoswise Inc. ("the Association")

I,.....
(Name and occupation of Applicant)

of.....

.....
(Address)

Email address for newsletters:

wish to become a member of Asbestoswise Inc. In the event of my admission as a member, I agree to be bound by the rules of Asbestoswise Inc. for the time being in force.

I enclose, or have paid by electronic funds transfer to the Asbestoswise bank account (BSB: 083-004 Acct No: 12-981-1955), or have paid by credit card through the Asbestoswise *TryBooking* website at: <http://www.trybooking.com/105454> , my membership fee of \$20.00 and a

Donation (optional) \$

Total: \$

Signature of applicant:

Date:

Asbestoswise Inc. is an endorsed Deductible Gift Recipient (DGR). Donations of \$2.00 and above are tax deductible.

If paying by electronic funds transfer please record your full name and state "membership" in the relevant fields.

Office use only

C.O.M. Meeting: / /

Acceptance of Membership:

Rejection of Membership: