

H.V. Evatt Memorial Foundation Inc. Membership Application Form ABN: 810 512 877 57

New Member Details		
Name:		
Address:	Postcode:	
Phone: Email:		
Membership Category - please tick the appropri	ate box (All rates include G	SST)
Individual Membership		
Individual Membership (\$50 a year)		
Concessional (low income) Individual Membe	ership (\$25 a year)	
Institutional Membership		
Small Local Community Organisation (\$250 a	year)	
Medium Scale Regional or State Organisatior	n (\$500 a year)	
Large Scale National Organisation (\$1000 a y	ear)	
Please accept my donation to the Evatt Foundation (Please note: donations are not currently tax deductible)	on of \$	
Payment Details		
I enclose cash/cheque/money order made p	avable to the Evatt Founda	tion for ¢
Please charge \$to my credit cal		ιιοπ τοι φ
Thease charge \$to my create can	a (iii iii actaiis below)	
NAME ON CARD:		
MasterCard Visa		
SIGNATURE:	Expiry Date:	CVV

Please complete this form and return it to the Evatt Foundation:

Post: Main Quadrangle (A14), University of Sydney NSW 2006

Email: admin@evatt.usyd.edu.au | Web: www.evatt.org.au (please use join online feature)

For more information call the Evatt Treasurer on: 0413 782 600