

Application for Membership / Donation

☐ **Membership Renewal**

☐ **New Membership**

☐ **Donation**

	Individual \$35.00	Family \$65.00	Professional \$120.00	Corporate \$230.00	Other _____
Subscription (<i>incl GST</i>)	_____	_____	_____	_____	_____
Donation	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

All contributions to the fund over \$2.00 are tax deductible

Full Name: (*Please Print*) _____

Address: _____

Email: _____ Postcode: _____

Phone No: _____ Mobile No: _____

Signature: _____ Date: _____

Please make cheques/money orders payable to the Look for Life Foundation or charge my credit card:

☐ **Mastercard**

☐ **Visa**

☐ **Amex**

Card Number:

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Name on Card (*Please Print*) _____ Expiry Date _____

CVV Number _____ Signature: _____ Date: _____

ABN: 8200383514

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Helping the world see