

MEMBERSHIP FORM

Anxiety Disorders Association of Victoria, Inc.
ABN 70 607 186 815
Ph: (03) 9853 8089



▶ PLEASE TICK:

I **WISH** to purchase an **INDIVIDUAL MEMBERSHIP**.

▶ Annual Cost: \$35.00.

I **WISH** to purchase a **PROFESSIONAL / ORGANISATION / SCHOOL MEMBERSHIP**.

▶ Annual Cost: \$65.00.

PLEASE COMPLETE THE FOLLOWING DETAILS:

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

E-Newsletter:

YES, I wish to receive my quarterly newsletter via **email**

NO, I do not wish to receive my quarterly newsletter via **email**, I want to receive via **mail**

Signature: _____ Date: _____

CREDIT CARD DETAILS:

Name on Card: _____

Credit Card Type: Visa MasterCard Bankcard

Credit Card No:

CVV Number ___ ___ (last three digits on the back of your credit card)

Expiry Date: ___ / ___

Amount: _____

[NOTE: All credit card payments attract a **1.95% surcharge fee** and this is added at the time of transaction.]

Signature:

RETURN TO:



- Cheques to be made out to *Anxiety Disorders Association of Victoria*.
- Please return this Payment Form via email to adavic@adavic.org.au
- Or post to:
ADAVIC, P.O. Box 625, Kew. Vic. 3101.

OFFICE USE ONLY:

Processed by:

Date:

THANK YOU FOR YOUR SUPPORT!