



The AIDS Council of South Australia Inc.

OUR VISION IS A FUTURE FREE OF HIV

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PLEASE PRINT CLEARLY

Membership Application Form



Mr / Mrs / Ms / Miss / Dr (please circle) Name: _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Email: _____

MEMBERSHIP OF THE AIDS COUNCIL OF SOUTH AUSTRALIA INC. IS FREE, HOWEVER YOUR TAX DEDUCTIBLE DONATION WILL HELP TO ASSIST US ENHANCE OUR HEALTH PROMOTION PROGRAMS.

Please accept this tax deductible donation of

\$25 \$50 \$100 Other \$ _____

My cheque / money order is enclosed, payable to the AIDS Council of SA Inc. or

Charge my: VISA Mastercard AMEX

Card Number:

Expiry Date: / Security Code: (last 3 digits on reverse of card)

I AGREE TO ABIDE BY THE GOALS AND OBJECTIVES OF THE AIDS COUNCIL OF SA INC.

Signature: _____ Date: _____

(Note: Credit card payments are not valid unless signed by the cardholder)

- OFFICE USE ONLY -

Date Received: _____

Database: (please tick)

Member's details entered / updated
check for duplication and stamp 'entered'

Donations:

Receipt No: _____

Authorisation No: _____

Date of thank you letter sent: _____

Board Approval:

Pass form on to Administration Officer to submit for Board approval

Date of Board Approval: _____

Date of Acceptance letter sent: _____

Date of acceptance entered

Membership box ticked

Please file under memberships of relevant year