



The AIDS Council of South Australia Inc.

OUR VISION IS A FUTURE FREE OF HIV

64 Fullarton Road, Norwood SA 5067 | PO Box 907, Kent Town SA 5071

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PLEASE PRINT CLEARLY

Membership Renewal Form



For memberships that have lapsed more than 2 months, a membership application will need to be filled in and approved by the board.

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 WISH TO RENEW MY MEMBERSHIP AND 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 updated
stamp 'entered'

Donations:

Receipt No: _____

Authorisation No: _____

Date of thank you letter sent: _____

Date of renewal entered

Membership box ticked

Please file under memberships of relevant year