



FRIENDS MEMBERSHIP FORM

To join, please complete this form and forward it together with your payment.

Title:	First Name:	Surname:
Address:		
Suburb:	State:	Postcode/Country:
Tel:	Email*:	

Single Friend: \$33 _____	<input type="checkbox"/> Enclosed is my cheque for the amount of: _____
Family (2 or more): \$66 _____	<input type="checkbox"/> Charge my credit card for the amount of: _____
Donation to Special Project of: _____	<input type="checkbox"/> Visa
<input type="checkbox"/> \$200	<input type="checkbox"/> Mastercard
<input type="checkbox"/> \$100	<input type="checkbox"/> Bankcard
<input type="checkbox"/> \$50	Exp Date: _____
<input type="checkbox"/> Other: _____	Card No: _____
TOTAL: _____	Name on Card: _____
	Signature: _____

POST: Friends of New Norcia, Benedictine Community, New Norcia WA 6509 • FAX: (08) 9654 8097 • EMAIL: friends@newnorcia.com
All donations are tax-deductible (New Norcia Museum & Art Gallery fund) • Tax Invoice ABN: 44823848404

Please send monthly e-newsletter The Chimes (*email address required)

Please contact me regarding Corporate Friends Membership

I would like to be contacted regarding Volunteering for the Friends of New Norcia. (please tick skills you can offer)

Office/Admin Ushering/Events Manual Labour Other: _____

I would like to make a regular pledge of \$_____ to the Friends' Special Project. Please deduct this amount from my credit card:

weekly fortnightly monthly quarterly