**2RPH Co-operative Membership/Renewal Application Form**

Please complete the form below and return it to 2RPH by email or mail.

Date: \_\_ / \_\_ /2018

**Dr/Mr/Mrs/Ms**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 1: Membership**

Please select your type of membership:

General $33 Concession $16:50 Corporate $110

Are you an existing member? Yes No

If yes, what year did you first become a 2RPH member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 2: Donation**

Please complete the following if you would like to contribute a donation:

Donation $ \_\_\_\_\_\_\_\_\_\_\_ (deductible gift recipient number: DGR 69057)

**Step 3: Total payment**

Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose a cheque / money order for $\_\_\_\_\_\_ payable to 2RPH.

Please debit $\_\_\_\_\_\_\_ from my Master Card Visa Card

Card number\_\_ \_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_   
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date \_\_ / \_\_

**Step 4: Additional information**

Are you a Volunteer at 2RPH? Yes No If yes, year commenced \_\_\_\_\_\_\_\_\_

If you do not already, would you like to receive the e-newsletter? Yes No

Do you have a print disability? Yes No

**Office Use Only:** Entered Master Database ☐