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

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

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

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

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

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

**Membership**  Date: \_\_ / \_\_ /2018

□ General $33 □ Concession $16:50 □ Corporate $110

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

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

Are you an existing member? □ Yes □ No If yes, year commenced\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment details**

I enclose Cheque / Money Order for $\_\_\_\_\_\_ payable to 2RPH

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

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

**Additional Information**

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

Do you receive the e-newsletter □ Yes □ No

If not, would you like to receive it □ Yes □ No

Do you have a print disability? □ Yes □ No

Please provide details of any relevant experience or skills that may be useful to 2RPH in the future e.g. fundraising, IT knowledge, financial management:

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