



ALBANY COMMUNITY FOUNDATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Organisation	ABN
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Surname	First Name
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Postal Address	
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Contact Number/s	Email Address
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MEMBERSHIP TYPE

All memberships run from 01st March annually and memberships commenced after this date will be calculated and invoiced on a pro-rata basis.

- \$1000.00 Corporate Membership*
- \$1000.00 Individual Membership
- \$520.00 Family/Youth** Membership

* Please provide your logo for promotional purposes

** Youth Memberships are available to any individual under the age of 25

- Please tick this box if you wish your donation/membership to remain anonymous

PAYMENT FREQUENCY & INVOICING

I/We would like to make our payments monthly/quarterly/annually

On receipt of the attached form the ACF will issue an invoice which will include payment options. Thereafter, a recurring annual invoice will be issued in January each year for payment on or before 1st March.

Return this form to donate@acfwa.com.au or PO Box 418 Albany WA 6331

Name	Signature	Date
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By submitting this application, I agree to the collection, use and processing of the personal information I provide in this membership application for the purposes of organization administration, payment of my membership, and inclusion of my contact information in a members' directory that includes being added to an email database for monthly and special communications. Your privacy is important to us and we are committed to the ethical handling of your personal details.