

MEMBERSHIP FORM

The Centre for Attitudinal Healing Perth

ABN 40759719412



I wish to be a financial member of The Centre For Attitudinal Healing for the period July 1st 2011 – June 30th 2012. My choice of membership and payment option are detailed below.

Title: _____ Full Name: _____

Postal Address:

Street: _____

Suburb: _____ Postcode: _____

Preferred Phone: _____

Email address: _____

Please add my email address to the CFAH email list.

Membership Details

Standard Member \$30

Student / Concession Member \$10

Payment Details

Cash

Direct Deposit - *Centre for Attitudinal Healing*
BSB: 086 131 Account: 46791 3030
Please include your name.

Cheque / Money Order Enclosed

Please Charge my Credit Card

VISA Bankcard MasterCard (please circle)

____ / ____ / ____ / ____

Name on card: _____

Expiry : ____ / ____

Signature of Card holder: _____

Post to:

CFAH Membership

PO Box 240

Jolimont WA 6913

Membership is tax deductible.