

Application Form

I/We apply for membership to the NCSSA Inc and agree to conform to the Society's Constitution

Signed Date

Name:.....

Address:

.....

Phone:(h).....(w).....

Fax:.....

Email

Please tick relevant section:

Donations \$..... (Donations of \$2 or more are tax deductible)

New Member Membership Renewal

Single \$40 Family \$50 Group \$66

Concession \$25 (GST included)

I would like to know more about the NCSSA and its activities.

Please send me:

- The latest newsletter
- The Society's publication list
- The Society's Constitution

You can pay by cheque or credit card

Visa Master Card Bankcard

Number — — — — — — — — — —

Expiry Date — — / — —

Signed Date