**NEW MEMBERSHIP FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name 1 |  | First Name 1  |  | Title |  |
| Last Name 2 |  | First Name 2 |  | Title |  |
| Last Name 3 |  | First Name 3 |  | Title |  |
| Last Name 4 |  | First Name 4 |  | Title |  |
| Business Name (please list contact above) |  |
| Email 1 |  | Phone 1 |  |  |  |
| Email 2 |  | Phone 2 |  |  |  |
| Street Address |  | Suburb |  | Postcode |  |

**To enable us to know the range of ages we represent please circle your age group:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <30 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |

|  |  |
| --- | --- |
| **I would like to join an EMG working group or otherwise help (please tick).** |  |

|  |
| --- |
| **Please circle which fee category applies to you** |
|  | **One Year**  | **Three Years** |
|   | **Individual** | **Household** | **Individual** | **Household** |
| General Member | $55 | $110 | $165 | $330 |
| Concessional MemberPlease indicate concession card type……………………………………………………… | $33 | $66 | $99 | $198 |
| Associate Member (Friend) | $55 | $110 | $165 | $330 |
| Young Member under 40 (introductory offer) | $33 | $66 |  |
| Business Member | $165 |  | $495 |  |
| **I also wish to make a donation of $…………………... to support EMG’s work.** |

*New member applications and donations will be acknowledged.*

**PAYMENT OPTIONS (tick option used)**

|  |  |
| --- | --- |
| I enclose a cheque |  |
| I transferred funds to EMG’s account (NAB BSB 083184 A/C 795880426) on ……………………….(date). **Please remember to include your last name on the transfer.** |  |
| Please charge my credit card (Visa or Mastercard only) a total of $.......................Card Number……………………………………………………………………………..…expiry date ……/………….Name on card………………………………………………………..Signature…………………………………………… |  |

By submitting this form you are agreeing to support the purposes of the East Melbourne Group, and to be bound by its Rules.

**PLEASE POST, FAX OR EMAIL THE COMPLETED FORM WITH YOUR PAYMENT TO THE ADDRESS ABOVE**.