**MEMBERSHIP RENEWAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name  |  | First Name  |  |
| Business Name (please list contact above) |  |
| Preferred Email  |  | Preferred Phone |  |
| Add any other contact details changed in last year |  |

|  |  |
| --- | --- |
| **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 pensioner concession card type ……………………………………………..………… | $33 | $66 | $99 | $198 |
| Associate Member (Friend) | $55 | $110 | $165 | $330 |
| Business Member | $165 |  | $495 |  |
| **I also wish to make a donation of $…………………... to support EMG’s work.** |

*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…………………………………………… |  |

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