

## Application for Membership / Donation

**Membership Renewal**

**New Membership**

**Donation**

	Individual \$35.00	Family \$65.00	Professional \$120.00	Corporate \$230.00	Other _____
Subscription ( <i>incl GST</i> )	_____	_____	_____	_____	_____
Donation	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

All contributions to the fund over \$2.00 are tax deductible

Full Name: (*Please Print*) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make cheques/money orders payable to the Look for Life Foundation or charge my credit card:

**Mastercard**

**Visa**

**Amex**

Card Number:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Name on Card (*Please Print*) \_\_\_\_\_ Expiry Date \_\_\_\_\_

CVV Number \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ABN: 8200383514

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*Helping the world see*