



ST JOHN AMBULANCE AUSTRALIA FRIENDS OF THE ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

MEMBERSHIP APPLICATION

MEMBERSHIP IS FOR 12 MONTHS FROM THE DATE OF APPLICATION

MEMBERSHIP RATES

Tick the appropriate membership you are applying for. The single rate is applicable to individuals, family, group/organisations, and international membership.

NEW membership **\$50.00** RENEWAL of membership **\$50.00**

I would like to receive the Friends of SJEHG lapel badge(s) for \$15 each, exclusive to Friends of SJEHG.

I am also happy to make a donation of \$..... to the St John Ambulance Australia Ophthalmic Program

TOTAL \$

APPLICANT'S DETAILS

Your personal details are confidential and are used only for internal record-keeping purposes. Commonwealth privacy legislation requires that the information on this form can only be used for such purposes.

Title Given name Family name

If a member of the Order, Grade

Postal address (Street or PO Box)

.....

State Country Postcode

Telephone. Mobile.

Email.

METHOD OF PAYMENT

Cheque \$ Cheque no.

Money order \$ Order no.

Card number (Visa or Mastercard only)

CCV Expiry date

Name on card

Signature

Direct deposit (via internet banking or at any Commonwealth Bank)

BSB 062-902 ACCOUNT 101 071 70 ACCOUNT NAME St John Overseas Aid

Reference (full name and state/territory)

THANK YOU



PLEASE SEND YOUR COMPLETED FORM AND PAYMENT TO
Ms Amanda Power, Finance Manager
St John Ambulance Australia Inc.
PO Box 292, Deakin West ACT 2600
E: finance@stjohn.org.au | T: 02 6239 9216

OFFICE USE ONLY

Bank date

Receipt No.

Details entered