

Dying with Dignity

New South Wales



Membership Renewal for 2017

NB: All annual memberships are due for renewal on 1 April each year

Full name/s & preferred title/s:
.....

Email Address *(if you use email fairly regularly)*:
.....

Are you happy to receive our newsletters via Email rather than Post? YES / NO *(please circle one)*

Phone: *if no change to address, tick here*

Postal Address *(if changed)*:
.....

MEMBERSHIP CATEGORY:

COST: *(please tick one box)*

Individual Lifetime Member <i>(no future fees to pay)</i>	\$500	<input type="checkbox"/>
Individual Member 2017	\$ 50	<input type="checkbox"/>
Individual Member Concession 2017	\$ 25	<input type="checkbox"/>
Couple Members 2017	\$ 90	<input type="checkbox"/>
Couple Members Concession 2017	\$ 45	<input type="checkbox"/>

Plus DONATION *(optional - please write in the amount you would like to donate)* \$ _____

Plus PURCHASE ADVANCE CARE PLANNING FORMS *(optional)*

Each set of forms posted to you costs \$20 to cover our printing and postage costs

Please enter the number of sets of forms you want to buy @ \$20 per set = \$ _____

TOTAL AMOUNT TO PAY: *(please write in total)*

\$

Please turn over to complete your payment details

Dying with Dignity NSW ABN 22 002 545 235 is a not-for-profit company limited by guarantee.

PO Box 25 Broadway NSW 2007 Phone 02 9212 4782

Email dwd@dwdnsw.org.au



Payment Details

Please select one of the payment options below:

I will pay online on the DWD NSW website at www.dwdnsw.org.au.
NB: If you choose this option you do not need to mail this form in to us.

OR

I will deposit the amount into the Westpac bank account
DWD NSW BSB 032 249 Account 160 719

I enclose a Cheque or Money Order (*payable to DWD NSW*)

OR

Please charge my Mastercard or Visa Card (*as per details below*)

Cardholder Name: _____

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry date: _ _ / _ _ C V V _ _ _ (*last 3 digits on back of credit card*)

Cardholder Signature: _____

Please tick this box if you would like a posted membership card and receipt for this payment

Please post your completed form to:

DWD NSW
PO BOX 25
BROADWAY NSW 2007

Or scan it and email the copy to us at dwd@dwdnsw.org.au