



# SPA Membership Form

Ver.110514TG

www.population.org.au

**For further information**

**Phone:** SPA on  
+61 2 6288 6810

**By fax:**

complete this form and  
fax it to SPA on  
+61 2 6288 7195

**By mail:**

complete this form and send it to  
SPA Inc.  
PO Box 3851  
Weston Creek ACT 2611 Australia

## I/We want to show my/our support by becoming member(s)

(SPA needs your signed membership form in hard copy. Please send the completed form by fax or mail to the addresses above).

Dr/Mr/Mrs/Ms/ \_\_\_\_\_: Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

I/We have read and agree with the Aims & Objectives of SPA Inc. and wish to become member(s)

(For household membership each person must sign. Only one family fee is payable)

Signature of primary member \_\_\_\_\_

Occupation (optional):  
\_\_\_\_\_

Second household name (if applicable): \_\_\_\_\_ Signature \_\_\_\_\_

Third household name (if applicable): \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ h

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_ - bh

Email: \_\_\_\_\_ - m

I/We heard about SPA through: friend  SPA member  Internet/web   
public meeting or rally  (which event? .....)

### Annual Membership Subscription (inc. GST)

Includes annual subscription to SPA's bi-monthly Newsletter

Subscriptions are kept low to encourage those who can to make a tax deductible donation.

Individual \$35  Concession \$20  Organisation \$35  Household \$50 (concession \$27)

Send my newsletter by  mail  email  do not send

### I'd like to show my support by including a donation

(All donations of \$2 or more are tax deductible)

Amount \$ \_\_\_\_\_  I would like to include SPA in my will. Please tell me how.

### Payment details

Cheque/money order enclosed, payable to SPA, or please charge my credit card (\$25 or more)

Visa MasterCard Diners Bankcard

Card number \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Name on Card:

\_\_\_\_\_