

MEMBERSHIP FORM

Mr / Mrs / Ms / Miss (please circle)

Full Name:

Mailing Address:Suburb/Post Code.....

Phone Contact: (Hm)..... (Mob).....

Email address (print clearly):

MEMBERSHIP TYPE: (all fees include GST)

- Associate:** \$ 20.00 per annum
- Full:** \$ 40.00 per annum
- Corporate:** \$ 500.00 per annum
- Life:** \$ 800.00 lifetime fee

You can further help animals in need. Would you like to include a **Donation** with your membership?

- \$ 17.00 The cost of one cat vaccination
- \$ 54.00 The cost of a vet health check for one shelter animal
- \$121.00 The cost of de-sexing one shelter dog or cat

\$ I would like to ADD a donation in my payment. *Thank you for taking action.*

\$..... TOTAL PAYMENT to RSPCA Darwin. Donations of \$2.00 and over are tax deductible.

Please charge my Visa / MasterCard

Card Number:

Expiry: / CCV:

Name on card: _____

Membership of the RSPCA Darwin is accepted subject to the approval by the General Manager.

- Membership includes online newsletters – Tick the box to opt out in receiving regular updates.
- I have read, understand and agree to abide by the [Terms & Conditions](#) of my membership as set out by the RSPCA Darwin Constitution

Signature: Date:

OFFICE USE ONLY Entered by _____ Date: ____/____/____ Amount Received: \$ _____

Approved by General ManagerSignature:

Sheltermate ID.....Receipt number: