



dying with dignity nsw

respect for the right to choose

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NEW MEMBER / RENEWAL APPLICATION FORM

Mr/Ms/Mrs/Miss/Dr SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

POSTCODE: _____

EMAIL: (please print) _____

TEL NO: _____ MBL: _____

OCCUPATION: _____ DOB: _____

All members will receive a DWDnsw Membership Card on renewal of their membership - for those who feel able to contribute that bit more on a regular basis and just never get around to doing it - there are the options of premium memberships. For those who are likely to forget to make the annual payment, you may prefer a lifetime membership.

MANY THANKS FOR YOUR CONTRIBUTION

SUBSCRIPTION: Due on 1st January of each year

ORDINARY	<input type="checkbox"/>	Single	\$40	<input type="checkbox"/>	Couple	\$70
CONCESSION*	<input type="checkbox"/>	Single	\$22	<input type="checkbox"/>	Couple	\$40
BRONZE	<input type="checkbox"/>	Single	\$100	<input type="checkbox"/>	Couple	\$180
SILVER	<input type="checkbox"/>	Single	\$200	<input type="checkbox"/>	Couple	\$380
GOLD/LIFE	<input type="checkbox"/>	\$1000	GOLD/LIFE/couple	<input type="checkbox"/>	\$2000	
PLATINUM (WITH BEQUEST)	<input type="checkbox"/>		\$2000			

I enclose my cheque in payment OR please charge to my credit card account.

Visa MasterCard

NO MONEY ORDERS PLEASE

Card number _____

Expiry date: ____/____

Cardholder name: _____

Signature: _____

*Senior, Pensioner, Centrelink Health Care Card

