

Membership Application Lighthouses of Australia Inc.

PO Box 4734

KNOX VIC 3152 Australia ABN 80 892 357 539

membership@lighthouses.org.au www.lighthouses.org.au



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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name: | Mr/Mrs/Other |
| Company: | |
| Address1: | |
| Address2: | |
| Suburb/City: | |
| State: | Post Code |
| Home Telephone: | |
| Business Telephone: | |
| Mobile: | |
| Email: | |
| Preferred Contact Method: | <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone |
| I would like to assist LoA Inc.: | |
| <input type="checkbox"/> Writing news and/or feature stories <input type="checkbox"/> Local and/or state <input type="checkbox"/> activities <input type="checkbox"/> Archiving historical data <input type="checkbox"/> Serve on a committee <input type="checkbox"/> Fundraising activities <input type="checkbox"/> General assistance <input type="checkbox"/> Get involved with my favourite Lighthouse <input type="checkbox"/> Other | |
| Membership Option/Fees: | |
| I would agree to receive The Prism in a digital format Select Yes or No | |
| Individual \$45 (AUD) Pensioner \$30 (AUD) Concession Card Type: _____ Family/Household \$90 (AUD) Concession Card Number: _____ Non-profit Organisation \$90 (AUD) Overseas Postage Surcharge \$20.00 (If No to digital Prism) Small Business \$150 (AUD) <input type="checkbox"/> Make a Donation? \$_____.____ | |
| Payment Type: | <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque |
| Card Number: (if applicable) | _____ |
| Name On Card: (if applicable) | _____ |
| Card Expiry Details: (if applicable) | Month ____ / Year ____ CSV Number |
| Total Fees Payable: | Membership Fees \$_____ + Postage \$_____ + Donation \$_____ = \$_____ |

Or pay by Direct Debit BSB 033 372 Account 192112

Please use your name as the Description/ Reference