

NAME:
ADDRESS:
.....
POSTCODE:
TELEPHONE:
FAX:
EMAIL:

Your membership entitles you to the following:

- Annual Report
- Half Yearly Newsletter
- Update information on new services
- Information on Upcoming Colony functions (eg. Christmas lunch, Career Expo, Quiz Night)
- Invitation to Friends of Colony gatherings
- Invitation to the AGM

I am paying for a:

- | | | |
|--------------------------|------------------------------------|----------|
| <input type="checkbox"/> | Health Care Card Holder Membership | \$10.00 |
| <input type="checkbox"/> | Individual Membership | \$25.00 |
| <input type="checkbox"/> | Corporate Membership | \$100.00 |

My cheque is:

Enclosed Being mailed separately

Or please debit my:

Visa Mastercard

Card No.

Expiry Date: Name on Card:

Please send this completed membership form and payment or any queries to foc@colony47.com.au or post to:

Friends of Colony
Attn: Kara Jackson
Business Services Officer
GPO Box 1679
Hobart TAS 7001