



Membership Application

Please complete and email to admin@fraserislandassociation.asn.au unless filling out online.

NAME

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FIRST

LAST

ADDRESS

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CITY

STATE

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POST/ZIP CODE

COUNTRY

CONTACT DETAILS

Phone Number

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Email Address

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Would you like to receive the monthly newsletter via email?

YES

NO

Membership is \$10 per person. How many people would you like to register for membership?

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Would you like to make any additional donations to our Special Project Fund?

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Total Amount:

\$

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Please selected how you would like to pay for your membership:

CASH CHEQUE BANK DEPOSIT

Direct Deposit Details

BSB: 064 421

Acc No: 1000 9872

Please use your Surname as a reference when making a payment and insert the date of the deposit and receipt number below for our reference. Thank you!