



AUSTRALIAN REFUGEE ASSOCIATION
Membership Form

AUSTRALIAN REFUGEE ASSOCIATION
Membership Categories and Benefits

Students, Concession & ARA Volunteer Member -
\$10 (includes GST)

- Emailing of ARA e-newsletter
• Invitation to all general meetings including the Annual General Meeting
• Voting rights at all general meetings
• Annual Report
• Invitations to ARA events and forums

Individual Member - \$25 (includes GST)

- Emailing of ARA e-newsletter
• Invitation to all general meetings including the Annual General Meeting
• Voting rights at all general meetings
• Annual Report
• Invitations to ARA events and forums

Couple/Family Member - \$35 (includes GST)

- Emailing of ARA e-newsletter
• Invitation to all general meetings including the Annual General Meeting
• Voting rights for two people at all general meetings
• Annual Report
• Invitations to ARA events and forums

Organisational Member - \$60 (includes GST)

- Emailing of ARA e-newsletter
• Invitation to all general meetings including the Annual General Meeting
• Voting rights for nominated representative at all general meetings
• Annual Report
• Invitations to ARA events and forums

Please return your membership application together with your remittance to:

Membership
Australian Refugee Association
304 Henley Beach Road
UNDERDALE SA 5032

Yes please! I would like to become a member of ARA

- Volunteer Member - \$10 (includes GST)
Individual Member - \$25 (includes GST)
Couple/Family Member - \$35 (includes GST)
Organisational Member - \$60 (includes GST)

- I would like to donate \$_____ in addition to my membership fees
I would like to make a regular monthly donation of \$_____until further notice
Please send me information on having my donation debited from my bank account on a regular basis

Donations of \$2 or more are tax deductible

Payment Method:

Please find enclosed my cheque/money order for \$_____ (Please pay: Australian Refugee Association)

Please debit my Credit Card for \$_____ Visa MasterCard Amex Diners

Card Number: _____

Expiry Date: ___ Cardholders Signature: _____

Cardholders Name: _____

Member/Donor Details:

Title: Mr/Mrs/Ms/Dr/ Other: _____

First Name: _____

Last Name: _____

Organisation: (if applicable) _____

Address: _____

P/Code: _____

Telephone: _____

Mobile: _____

Email: _____

Date of Birth: _____

Please send me information about:

- Remembering ARA in my will
Becoming a volunteer with ARA

