



MEMBERSHIP APPLICATION FORM

'Friends of the Alliance'

Name: _____
Address: _____
Suburb: _____ Post Code: _____
Phones: Home _____
Work _____
Mobile _____
Email: _____
Signed: _____ Date: _____

ANNUAL MEMBERSHIP FEE \$15

Please find enclosed my annual fee of **\$15** for the Hunter Prostate Cancer Alliance 'Friends of the Alliance' membership.

Method of payment: Cash Cheque Money order Credit card

• All cheques and money orders must be made out to the Hunter Prostate Cancer Alliance.

• Please debit my Mastercard Visa Bankcard

Card no. _____

Expiry ____ / ____

Signed: _____ Date: _____

Please return with payments to:

Hunter Prostate Cancer Alliance
PO Box 298, Waratah NSW 2298
Tel: 4968 9455 Fax: 4968 2953

or use: Hunter Prostate Cancer Alliance
Reply Paid 298,
Waratah NSW 2298

Membership Benefits () Yes, I would like to:

- Receive a copy of our book "*What women (and their men) need to know about prostate cancer*"
- Receive a copy of the Alliance's quarterly newsletter "***Below the Belt***"
- Be informed of any upcoming events and/or fundraising activities prior to public announcement
- Have first priority of purchasing tickets to any special events & fundraising activities prior to public sale