******

Albany Community Foundation

**Membership Application Form**

# The Trustee for Albany Community Foundation

# ABN 69 448 694 159

# All donations over $2 are Tax Deductible

**Step 1: Membership Type**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  | Corporate Membership $1,000 per annum. Please supply your logo for promotional purposes. E-mail to: donate@acfwa.com.au |
|  | Individual Membership $1,000 per annum |

|  |  |  |
| --- | --- | --- |
| I would like to pay my membership | Monthly | Annually |

 |
| *All memberships run from 1st March each year, and memberships commenced after 1st March will be on a pro-rata basis.* |
| Signature Print Name Date |

**Commencement Date of Membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Step 2: Personal Details**

### NAME:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Title | Surname | Given Names |

### ORGANISATION:

|  |
| --- |
|  |
| Organisation Name (If donating on behalf of an organisation) |

### CONTACTS:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Home Telephone | Work Telephone | Mobile |

|  |
| --- |
|  |
| Email |
|  |
| Postal Address |

|  |  |
| --- | --- |
|  | Please tick this box if you wish your donation/membership to remain anonymous |
|  | Bequests are a great way to support ACF – Please tick this box if you would like someone to contact you about leaving a bequest |

**Step 3: Preferred payment option**

|  |  |
| --- | --- |
|  | I would like to pay my Membership by EFT or Directly at the Albany Commonwealth Bank branch |
|  **Account Name:** Albany Community Foundation **Bank:** Commonwealth  **BSB:** 066-500 **Account:** 10555784 **Customer reference:** Please use your family/organisation name. |
|  |  |
|  | My cheque is enclosed (Please make out to the Albany Community Foundation) |
|  |  |
|  | My Credit Card details are as follows: monthly/annually (circle one) |
| Type of card (Please circle) | Visa | MasterCard | American Express | Other |
| Name on card: |
| Card number: |
| Expiry date:  |
| Security verification number (last three numbers on back of card): |

**Step 4: Authorisation**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Signature Print Name Date |

**Step 5: Please return this form to:**

Email: donate@acfwa.com.au

OR

Albany Community Foundation

PO Box 418, Albany, WA 6331

**PRIVACY STATEMENT**

Your privacy is important to us and we are committed to the ethical handling of your personal details.