

Minimisation of Suicide Harm (MOSH) Australia

Annual Membership Application / Renewal

JOIN US NOW

<input type="checkbox"/>	NEW MEMBER	<input type="checkbox"/>	RENEWAL	<input type="text"/>	Membership No. (office use only)
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* Title: Dr. Prof. Rev, Mr. Ms. Mrs. _____ * First Names: _____

* Surname: _____

* Mailing Address: _____

* Suburb/Town: _____ * State: _____ * Post Code: _____

* Phone: () _____ * Mobile: _____

* Email: _____ * Web Site: _____

* Organisation: (if applicable) _____

* Description of your Organisation's activities: _____

Please complete all information noted with an asterisk *

If accepted as a member of MOSH I / we agree to abide by the rules of the Association

Signature: _____ Date: _____

2009 / 2010 MEMBERSHIP FEES:

<input type="checkbox"/>	Individual *	\$36 inc GST	<input type="text"/>
<input type="checkbox"/>	Organisation	\$48 inc GST	
<input type="checkbox"/>	Corporate	\$96 inc GST	
<input type="checkbox"/>	Concession *	\$24 inc GST	

Pro-rata membership rates available for new members joining during the year (minimum subscription \$12.00)

Annual Membership year: October to September.

Concessional rates apply to an individual with income less than \$20,000 per annum *

To support the objectives of MOSH, a tax deductible donation would be greatly appreciated.

<input type="checkbox"/>	Donation	\$ _____	Thank you
<input type="checkbox"/>	Total amount enclosed	\$ _____	

<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	M/Order	<input type="checkbox"/>	Cash
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Card No. | | | | | | | | | | | | | | | | | | | | | |

Expiry Date: ____/____/____ Signature: _____

Please send payment and membership form to:

MOSH Australia
PO Box 404, Hindmarsh SA 5007

Subscription payment details for payment via Electronic Funds Transfer:

Account Name: MOSH Australia

Bank: ANZ

Branch BSB 015354 Account No. 482 805 265

Email: admin@moshaustralia.org.au

(please provide name of member and email advice if paying by EFT)