

APPLICATION FOR MEMBERSHIP ADFAS Yarra Inc

Mr Ms Mrs Dr

First Name:

Surname:

Address:

.....

Postcode:

Email:

Compliance with the Privacy Act: I consent to have my name and contact details added to the ADFAS database, and for them to be used to provide information to me on ADFAS lectures and news.

Signature Date.....

Mobile..... Home.....

Preferred option: Morning Afternoon Either Time

Please do not send money. You will be advised when to send a joining fee and annual subscription.

Please return your application to:

Esther Lewin
Membership Secretary
ADFAS Yarra
PO Box 51
Elsternwick 3185
Mobile: 0493 433 817
Email: adfasyarra@gmail.com

Public Liability Insurance of \$20,000,000 is held by ADFAS Yarra under the insurance policy of the Association of ADFAS