



F.R.A.M.E (International) Membership Form

Membership Number:

Name: _____ **Title:** Ms/ Mrs/ Mr/ Dr/ Miss (please circle)

Organisation: _____

Address: _____

Suburb: _____ **Zip code/ Postcode:** _____

State, Province or Territory: _____ **Country:** _____

Tel (Home): _____ **Tel (Work):** _____

E-mail address: _____ **Fax:** _____

How did you hear about F.R.A.M.E? _____

Yearly Membership

Single individual: \$15/20/25

Organisation: \$50

Donation* \$ _____ Payment (No cash please) Cheque / Postal Order

Credit Card details: Visa/Mastercard/Bankcard

Credit Card Number: _____ Expiry date: _____

* Under the terms of the tax-deductible donation, F.R.A.M.E may apply the donation as it sees fit. All donations (in Australia) of \$2 or more are tax deductible. F.R.A.M.E (ABN 75 002 xxx xxx) is endorsed as a deductible gift recipient under Subdivision 30-BA of the Income Tax Assessment Act 1997.

Are you willing to assist F.R.A.M.E. in any way with your personal expertise or resources? If so, please give details of how you, or your organisation can assist F.R.A.M.E. (e.g. medical, legal, secretarial, bookkeeping, accounting, fundraising, pathology, research, library, advocacy, computer, IT, Web design or counselling skills. Stationery supplies. Access to photocopier.

