

Membership Form

Help us, Help the Animals

Please become a member!.

Complete this form and mail it to us with the appropriate fee to:

RSPCA SA (Inc)
Port Lincoln Branch
PO Box 2566,
Port Lincoln SA 5606

RSPCA SA (Inc)

Application for Membership

Mrs/Mr/Miss/Dr/Ms

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Annual Membership

- | | | | |
|--------------------------|--------------------------|---------------------|--------------------------|
| New | <input type="checkbox"/> | Renewal | <input type="checkbox"/> |
| <input type="checkbox"/> | Individual Adult | \$30 | |
| <input type="checkbox"/> | Household | \$50 | |
| <input type="checkbox"/> | Individual Pensioner | \$15 | |
| <input type="checkbox"/> | Household/Pensioners | \$25 | |
| <input type="checkbox"/> | Junior | \$20 (Renewal \$15) | |
| | Date of Birth: | ____/____/____ | |
| <input type="checkbox"/> | Life Membership | \$850 one sum | |
| <input type="checkbox"/> | Membership Badge | \$4 | |

Donations Only

Donations of any amount are gratefully accepted.

Any donations of \$2.00 or over is tax deductible.

My cheque /money order/credit card is for

\$ _____

BANKCARD **VISA** **MASTERCARD**

Expires: ____/____

Signature: _____

Thankyou

Please tick here if you would like to be included on the mailing list for our Branch Newsletter, which will keep you informed of branch activities and occasions when we require some assistance.