

Membership Application Form

Email membership form for your National Trust membership or send by mail or fax. See details below.

Mr. Mrs. Ms. Miss. Dr. Other

Your Name.....
Name of Second Cardholder (for family memberships)
.....

Address

.....

.....Postcode.....

Phone Bus. Home

Email address

Payment

Membership Fees \$.....

Gift to support the Trust's community
and education programs (fully tax deductible)

\$

Total amount enclosed \$

Payment method

Cash Cheque Money Order

Visa

Card Number _____

Cardholder's Name

Expiry Date

Cardholder's Signature

Automatic renewal option Please renew my membership annually at this level using the above credit card information.

Email: Admin@nationaltrusttas.org.au
Mail: PO Box 711, Launceston 7250
Fax: 03 63444033