



**Membership Application Form**

To support of our cause in fulfilling Athiolget Women's and Children's Health Foundation objectives, please complete this form in full and send it to us with your payment:

**Athiolget Women's and Children's Health Foundation**

**P O BOX 318**

**Geraldton WA 6531**

Name .....

Address.....

..... Postcode.....

Telephone: ..... Mobile: .....

Email: .....

**Annual Membership Fees**

**1 year membership fee is AU \$20.00**

**Enclosed is my money order or cheque of \$..... DO NOT SEND CASH WITH FORM.**

**OR pay with PayPal or credit card.**

Applicant's signature..... Date .....