

Membership Application Form – Become a Red Cross Member

Red Cross membership is for anyone with a desire to improve the lives of others, determination to act, curiosity to know more, and belief in the power of humanity. To join online or to access the Family Membership Application form visit www.redcross.org.au/member

PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Other

First Name:

Family Name:

Male Female

Do you live in Australia permanently or are you residing in Australia for a considerable time? Yes No

Australian Residential Address:

State: Postcode:

Email Address:

Phone:

Mobile:

D.O.B: (not mandatory)

CATEGORIES (CHOOSE 1)

Henry Dunant 1 Year \$500 (\$30 fee + \$470 donation)
 2 Years \$900 (\$55 fee + \$845 donation)
 3 Years \$1,250 (\$75 fee + \$1,175 donation)

Solferino 1 Year \$100 (\$30 fee + \$70 donation)
 2 Years \$180 (\$55 fee + \$125 donation)
 3 Years \$250 (\$75 fee + \$175 donation)

	1 Year	2 Years	3 Years
Individual	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55	<input type="checkbox"/> \$75
Individual – Concession	<input type="checkbox"/> \$10	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25
Youth – Concession	<input type="checkbox"/> \$10	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25
Branch / Unit / Group / Club	<input type="checkbox"/> \$10	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25

Branch or University Club details (if applicable):

Optional Donation towards the everyday work of Red Cross

\$

I am considering leaving a legacy gift to Red Cross in my Will

I DO NOT want Red Cross to email me membership updates

I DO NOT wish to become a governance (voting) member

DECLARATION

I hereby apply to become a member of Australian Red Cross. In so doing, I declare my support for the humanitarian mission of Australian Red Cross and agree to uphold and adhere to the seven Fundamental Principles: Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality.

(For more information about these, visit redcross.org.au/principles)

Signature:

Your privacy is our priority. Please visit www.redcross.org.au/privacy or phone 1800 811 700 for privacy information. If you prefer not to receive information from us in the future, please call 1800 811 700.

PAYMENT DETAILS

Card Type: MasterCard Visa Diners Club Amex

Card Holder Name:

Card No: - - -

Expiry Date: -

Signature:

Total Amount to be charged to your credit card

\$

Cheque / Money Order enclosed

Payable to Australian Red Cross

(PLEASE DO NOT SEND CASH)

Please print and sign this application form and send together with payment by mail or email:

Australian Red Cross, Supporter Services Centre
GPO Box 2957 Melbourne, VIC 8060

Tel: 1800 811 700

Email: members@redcross.org.au