australian doctors international
Working for a healthier PNG

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Australian Doctors International Membership Application / Renewal

Membership

Yes, I wish to become a new member/ renew my ADI membership (per financial year)*

☐ $25 for 2019/20 ☐ $75 for 3 years ☐ $125 for 5 years ☐ $250 for 10 years

* *any unused membership fees will be considered a donation*

Your details *(required fields)*

* Title: Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐ Other: _____

* First name: _____ * Last name: _____

* **Address:** Unit / Street No.: _____ Street: _____

City: _____ State: _____

Postcode: _____ Country: _____

* **Telephone** *(at least one number required)* Work: ( ) _____ Home: ( ) _____

Mobile: _____ Fax: ( ) _____ * Email: _____

* Preferred contact for correspondence ☐ Mail ☐ Email ☐ None

Payment details

Please add together your membership fee (A) plus any optional single donation (C) in the final amount.
Any monthly donations (B) will be debited from your credit card each month.

☐ Cheque enclosed $ _____ *payable to Australian Doctors International.*

☐ Direct debit from my credit card $ _____ ☐ MasterCard ☐ Visa

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ____ / ____

Cardholder's name: _____

Signature: _____ Date: _____

☐ **Bequests** Please send me information about making a bequest to ADI
☐ **Volunteering** Please send me information about office volunteering opportunities

Thank you for your generous support

Please mail this form to: Australian Doctors International, PO Box 324, Seaforth, NSW 2092
or Fax to: 02 9949 8231 ***or Email to:*** finance1@adi.org.au