



MIFWA Membership 2017/18

- Concession \$15.00
- Single \$20.00
- Family \$25.00
- Organisation \$60.00

- New Membership
- Membership Renewal

Please send my quarterly MIFWA Newsletter by

- Email
- Post

Name:

Postal Address:

Email:

Contact Phone Number:

Support us through a tax deductible donation

- I would like to become a regular donor of MIFWA.

I would like to make a regular donation of \$.....
each month.

(Please note this amount will be automatically deducted from your credit card by MIFWA at the end of each month until you request us to stop this payment.)

- I would like to make a one-off donation \$.....

Name:

Postal Address:

Email:

Contact Number:

Payment by:

- Cheque
- Money Order
- Visa
- Mastercard
- Cash

Credit Card Payment

Credit Card Card No:

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Expiry Date: ____/____

Card Holder Name:

Card Holder Signature:

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Cheque Payment

Make cheques and money orders out to Mental Illness Fellowship of WA.

Please return this form and payment to MIFWA using one of the following methods:

Email: info@mifwa.org.au

Fax: 08 9250 7337

Post to: MIFWA PO Box 1947, Midland DC, WA 6936

Or for more information phone us on: 08 9237 8900

Thank you, a receipt will be sent to you shortly.