



Australian Drug Law Reform Foundation Membership Application Form

Date.....

I,

(Tick any or all of the boxes listed)

- Wish to renew my membership of the Australian Drug Law Reform Foundation and enclose the annual fee of \$50 (Concession for unwaged \$30)
- Wish to enclose a donation of \$..... to the Australian Drug Law Reform Foundation.

I endorse and support the principles expressed in the Charter.

Name:	
Postal Address:	
Telephone:	
Facsimile:	
Email:	

I am paying by: Cheque VISA MasterCard Bankcard

Card Number: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Expiration Date: ___ / ___ Name on card: _____

Signature: _____

Please return this form to:

The Secretary
ADLRF
PO Box R169
Royal Exchange Post Shop NSW 1225