

ASSOCIATE MEMBERSHIP APPLICATION (FRIEND)

Please note Friend Membership runs from 1st January to 31st December each year

(office use only F.....)

Please print clearly in capital letters

First name: Surname:

Address:

Suburb: State: Postcode:
.....

Country:

Telephone home: (.....) work: (.....)
.....

Mobile: Email:
.....

Occupation:
.....

Reason for joining the IFA:

ASSOCIATE (FRIEND) FEES:

	<u>Full Year</u>	<u>Half Yearly</u>
Australia	\$54.55 \$ <u>5.45</u> (GST) \$60.00	\$27.27 \$ <u>2.73</u> (GST) \$30.00
Overseas	\$100.00	\$50.00

I enclose my: (circle payment method) Cheque / Money Order / Credit card for \$.....
Please make cheque payable to the **International Federation of Aromatherapists**

Please charge this fee to my : (circle one card) Mastercard / Visa / Bankcard

Card number: Expiry date: /

Name on Card:

Cardholder signature:

Return to: **IFA (Australian Branch) Inc, PO Box 215, Burwood NSW 1805, Australia**