

Associate Membership \$70
Fee include GST

Title: _____ First Name: _____ Surname: _____

Work Address: _____

Home Address: _____

Work Home

Preferred Mailing Address: _____

Work Phone: _____ Work Fax: _____ Mobile: _____

Home Phone: _____ Email Address: _____

Occupation/Profession: _____ Place of employment or study: _____

Full time Part-time

Nominated by: (Financial member of NSWFTA) _____

Undergraduate: _____

Full time student: _____

Associate Membership is open to those who have an interest in Family Therapy and are **current undergraduate** or **full-time students** and are nominated by a current financial member.

I enclose a cheque payable to NSW Family Therapy Association Amount \$ _____

Please charge my Visa / Mastercard / Bankcard (please circle) Amount \$ _____

Card Number _____ / _____ / _____ / _____ Expiry _____ / _____

Verification Number (last 3 digits on the reverse of your card) ____ ____ ____

Cardholder's Name: _____

Cardholder's Signature _____

Date Received	Receipt No.	Approved by Committee	Date Entered MYOB	Member Type