

**MEMBERSHIP / DONATION FORM**

I wish to support **Northern Rivers Animal Services** (NRAS) by becoming a Member

for the financial year 20\_\_\_\_ / 20 \_\_\_\_

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Suburb:** |  | **Postcode:**  |
| **Phone:** |  |
| **Email:** |  |

**Membership:** $2.00 per annum PAID **Cash** PAID **EFT** PAID **Direct Deposit**

**Donation:** Donations over $2.00 (excluding membership fee) are tax deductible

 **Would you like a receipt:** Y / N

 **Would you like to receive our quarterly newsletter via email:** Y / N

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Date:** |

**Thank you for your support**

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