membership form

given name(s):					
surname:			(gender:	
occupation:					
Postal address:					
Email Address:					
mobile:			fax:		_
I support the objand agree to abi		-			
membership fe	/ul	- E-1A		uale	
□ \$25 - full mo □ \$10 - conce □ \$50 - assoc Name of Gro □ \$150 - assoc	ession me iate memb oup:	mbership bership (gay			group)
Name of bus	iness:				
donation: \$	to	tal (donatio	ı + membe	rship): \$	
payment metho	_	Cheque		redit Card	
Credit card pay	/ments:				
I, (please print) _ Gay and Lesbiar amount shown a	n Rights Lo	obby Inc to De		, au dit card the tot	
☐Mastercard	□Visa	Diners	□Ame	∢ □ Bank	card
Card No: _					
Expiry Date:					

Mail to PO Box 9, DARLINGHURST 1300 or fax to (02) 9331 7963