

Membership Application

FULL MEMBER

DIPLOMATIC MEMBER

COUNTRY MEMBER

STUDENT MEMBER

AFFILIATE MEMBER

FAMILY MEMBER

OVERSEAS MEMBER

SOCIAL

PERSONAL DETAILS

First Name:

Surname:

Date of Birth:

Address:

Suburb:

State:

Postcode:

Home ph:

Mobile:

Email:

Occupation:

Company:

Proposed by:

Membership No:

Seconded by:

Membership No:

Applicant's Signature:

INTERESTS

Speakers

Music

Food/Wine

Business

Sport

Social

PAYMENT DETAILS

Visa

Mastercard

AMEX

Diners Club

Bankcard

CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card expiry date:

to be debited with one full 12 month subscription of \$

+ joining fee (where applicable) \$

Total: \$

Cardholder's name:

Cardholder's signature:

I enclose cash/cheque/money order to the value of \$

Note: please include the joining fee where applicable

**NATIONAL
PRESS CLUB
OF AUSTRALIA**

PLEASE MAIL OR DELIVER YOUR APPLICATION TO: Membership Manager, National Press Club of Australia

16 National Circuit, Barton ACT 2600 PO Box 6184 Kingston ACT 2604 t: (02) 6121 2199 f: (02) 6121 2188 e: npc@npc.org.au w: www.npc.org.au