

# PERSONAL DETAILS



Name: .....Phone.....

Address: .....

P/Code: ..... Email: .....

## APPLICATION/RENEWAL FOR MEMBERSHIP

I would like to become a member of St John's Youth Services and receive future copies of Newsletters.

Membership fee (non Parish members)    \$11                      Concession fee    \$5  
Membership fee (Parish members)        \$10

Are you a member of St John's Parish?                      Yes                       No

Are you interested in being actively involved  
in St John's Youth Services?                      Yes                       No

If so, in what way would you like to become involved, or what skills do you have to offer?

.....  
.....

## DONATIONS

I/We understand that St John's Youth Services Inc. is seeking to raise funds to meet the growing needs of homeless young people and children. It is my/our wish to support the work of St John's in the following manner:

A gift of:

\$50     \$100     \$200     \$500     Other \$.....(min. \$20)

May we quote your name as a donor?                      Yes                       No

May we announce the value of your gift?                      Yes                       No

## PAYMENT

I wish to pay by: Cheque     Visa     Bankcard     Mastercard

\$ ..... (Donation)

\$ ..... (Membership)

Total amount: \$ .....

*(Cheque to be made payable to St John's Youth Services Inc.)*

Card No.

Signature: ..... Expiry Date

Cardholder Name: .....

*Please post this form together with cheque (if applicable) to:*

**St John's Youth Services, GPO Box 2063, ADELAIDE SA 5001**

St John's Youth Services Inc. has been endorsed as a Deductible Gift Recipient. Donations over \$2 are tax deductible.

ABN 64 218 906 004