

The Wesley Research Institute Membership Application Form

Yes, I would like to become a Practitioner Member of the Wesley Research Institute, for an annual fee of \$100, and I have had the opportunity to view the constitution.

Unfortunately, I am unable to become a Member, but I wish to donate \$_____ to the Wesley Research Institute

Name _____

Address _____

_____ Postcode _____

Email _____ Contact number _____

Occupation _____ Date of birth ____ / ____ / ____

Signature _____ Date _____

Payment details

I enclose my cheque / money order payable to The Wesley Research Institute OR

Please charge my Mastercard / Visa / Amex / Diners

Card Number ____ / ____ / ____ / ____

Name on card _____

Expiry date ____ / ____ Amount \$ _____

Signature _____

All transactions will be confirmed and acknowledged by an official receipt

Please post this application form in the enclosed Reply Paid envelope OR fax to 07 3232 7324