APPLICATION FOR MEMBERSHIP

Member 1
Surname Mr /Mrs /Miss /Ms_____

Given Name _____ Year of Birth_____

Member 2
Surname Mr /Mrs /Miss /Ms_____

Given Name _____ Year of Birth_____

Address _____

_____ Postcode _____

Phone No _____ Date _____

Email _____
(Email address used by ARPA to send out information)

Introduced by_____ Memb No_____

MEMBERSHIP SUBSCRIPTION ENCLOSED

One Year	☐ Single $22.00	☐ Joint $38.50
Three Years	☐ Single $55.00	☐ Joint $96.80
Postage 55c	☐ Donation	☐ $.....

Payment types received:

Credit Card (Visa or MasterCard) / Cheque / Bank Cheque / Money Order. Plus **In Person:** Cash / EFTPOS

☐ Mastercard ☐ Visa

Credit card number

Expiry Date _____

Cardholders name_____

Signature_____

Please complete this application and return to:
Australian Retired Persons Association (SA) Inc
Level 5, 23 Leigh Street, Adelaide, 5000

or post to:

ARPA
PO Box 8247
Station Arcade
Adelaide SA 5000

Which ARPA Groups are you interested in?

ARPA Players ..... O
Art Appreciation ..... O
Auction Bridge ..... O
Billiards/Snooker ..... O
Black Hill Conservation ..... O
Bolivia ..... O
Book Discussion ..... O
Bushwalking ..... O
Caravan Group ..... O
Choir ..... O
Computer Group ..... O
Contract Bridge ..... O
Craft ..... O
Cycling Group ..... O
Dressmaking ..... O
Four Wheel Drive ..... O
French conversation ..... O
Gardening Group ..... O
Golf 9 or 18 hole ..... O
Internet Training ..... O
Investment & Super Group ..... O
Mah Jong ..... O
Orchestra ..... O
Pleasure Fishing ..... O
Sunday lunch ..... O
Table Tennis ..... O
Tap Dancing & Variety ..... O
Tennis ..... O
Upwords ..... O
Weekly Walkers ..... O
Word Processing ..... O

Other? _____

Do you wish to be contacted by a representative of the group? Yes O No O

What was your previous main employment?.

……..

Office use

Payt type _____

Membership No_____

Renewal Date _____

Receipt No _____

Date Paid _____