



<u>Office Use</u>
<i>Member Number</i>

<i>Approval Date</i>

Personal Details for Rejoining of Lapsed Member

First Name: _____ Last Name _____

Title _____ Initials _____ Date of Birth: ____/____/____

Postal Address: _____
 _____ State _____ Post code _____

Phone (H) _____ (W) _____ (M) _____

Email address: _____

Include email Phone number in printed membership lists.

My preferred phone number is Home Work Mobile

Occupation: _____

FEES: Includes GST (enclose proof of concession, eg photocopy Centrelink or student card)

Full Rate \$88 \$ _____

Concession Rate \$44 \$ _____

Current Membership list \$5.50. \$ _____

Personalised email redirection (18 years and over) **Free**

(your name) _____@mensa.org.au

Donation to Mensa Gifted Children's fund (at your discretion). \$ _____

Donation to Australian Mensa Inc (at your discretion) \$ _____

Lapel Pin (Black and chrome Mensa logo) \$5.50. \$ _____

Certificate of membership (A4 suitable for framing) \$33. \$ _____

I enclose my cheque/money order made payable to Australian Mensa Inc.

I authorise payment by Credit Card as below, for the amount of \$ _____

VISA MasterCard

Name on Card: _____

Card Number: _____ Expiry Date: _____

Signature: _____

RETURN FORM AND PAYMENT TO MENSA AUSTRALIA INC

Post: Suite 12, 8-12 Stafford St
Midland WA 6056

email office@mensa.org.au
(Credit card payments only)

Direct Debits can be set up for future annual renewal fees at <http://mensa.org.au/directdebit>