



Drug Free Ambassadors Australia Inc.

MEMBERSHIP FORM

ABN 43275629491

PO BOX A2173
Sydney South, NSW, 1235
Tel: (02) 9283 7456

Drug Free Ambassadors Australia is a charitable organisation under the Harm Prevention Register that was established to meet the increasing demand for the “Say No to Drugs, Say Yes to Life” community drug prevention program, which members of Scientology churches and other volunteer organizations have been conducting for over 20 years around the world. We work with the Foundation for a Drug Free World International in providing these anti-drug educational materials. The purpose of the Drug Free Ambassadors is to empower youth and adults with the facts about drugs so they can make an informed decision to say no to drugs and help others do the same.

Members receive a membership welcome kit that includes a Truth About Drugs Kit with 10 drug education booklets.

THE ANNUAL MEMBERSHIP FEES ARE:

Student	A\$ 25.00 (* If you are under 18, you need your parent or guardian's permission to become a member.)
Individual	A\$ 110.00
Corporate	A\$ 550.00

Please fill out in print. (Membership applications should be lodged with the Secretary.)	
1. Name	First name: _____
	Surname: _____
2. Occupation:	_____
3. Postal address	Unit/Street: _____
	Suburb: _____
	State: _____
	Postcode: _____
4. Phone Number	Mobile: _____ Work: () _____
	Home: () _____ Fax: () _____
5. E-mail address	_____
6. Membership: (Please tick box)	<input type="checkbox"/> Student (\$25.00) _____ Parent or guardian signature _____
	<input type="checkbox"/> Individual (\$110.00) <input type="checkbox"/> Corporate (\$550.00) Date: _____
7. My main interest in ANTI-DRUG is:	_____
8. Would you like to actively help Drug Free Ambassadors with weekly activities?	<input type="checkbox"/> Yes. Please state area of interest: _____
	<input type="checkbox"/> No.
9. Method of payment (Please tick box)	<input type="checkbox"/> Cheque (Make payment to Drug Free Ambassadors Australia)
	<input type="checkbox"/> Cash
	<input type="checkbox"/> Credit Card
	Name on card _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> AMEX
	Card # _____ Expiration Date: _____ Signature : _____

SAY NO TO DRUGS, SAY YES TO LIFE