

**Membership/ Donations**

I wish to support Northern Rivers Animal Services (NRAS) by becoming a member

for the financial year 20…. to 20….

Name: …………………………………………………………………………………… Phone: ………………………………………

Address: ……………………………………………………………………………………

Subrub: …………………………………………………………………………………… Post Code: ………………………………

Email: …………………………………………………………………………………...

**Volunteer Membership (active member)** $2 per annum

**Donations** (Donations over $2 are tax deductable)

I wish to receive the quarterly newsletter Y / N

Please note you must supply an email address if you want to receive a newsletter

**Signature** :…………………………………………………………… **Date**: ……………………

**Thank you for your support**