



MEMBERSHIP JOINING FORM FOR FIJI ALLIANCE FOR MENTAL HEALTH (FAMH)

Name: _____

Phone/ Mobile: _____

Address: _____

I am going as:

1. An individual- \$5.00
2. Professional- \$20.00
3. An NGO- \$50.00
4. Other organization- \$100.00
5. Corporate member- \$650.00

Signature:

Donation for FAMH: \$5 \$10 \$20 \$50 \$100 \$500 \$2000 Other: _____

Please pay by cash, or cheque made to FAMH, or deposit in FAMH Bank Account;

Account name: Fiji Alliance for Mental Health
Account #: 9804551662
Westpac Bank

OFFICIAL ONLY

Membership Joining Fee Paid

Amount received by:

Date:

Receipt Number:

Amount of donation:

Receipt number for donation: