

**Tarkine National Coalition Inc.**

**Membership and Donations**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Annual Membership Fee:**

Individual (waged)     \$15                      (unwaged)     \$8                      \_\_\_\_\_

Family (waged)         \$25                      (unwaged)     \$15                      \_\_\_\_\_

**Donation to the Tarkine Fund**

*Donations over \$2 to the Tarkine Fund are tax deductible.* \_\_\_\_\_

Please receive my    Cheque / Money Order / Credit Card Payment

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

- \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_