



international surgical charity for underprivileged children

MEMBERSHIP APPLICATION

Board of Directors
Operation Restore Hope Australia
P.O. Box 1185
Double Bay NSW 1360

Please accept this letter as an indication that I would like to be a member of Operation Restore Hope. I understand that as a financial member I am entitled to vote at annual meetings. Lifetime membership is also available at a one time fee of \$100. I understand that these monies will be applied to our medical relief efforts in the Philippines to assist children with birth defects and deformities. To date no monies are applied to salaries or administration and members will be made aware should this situation ever change. Thank you for the opportunity to help me to help children in the Philippines, who without the assistance of charity would go unaided.

Signed,

Prospective Member signature

Dated

Please print:

Member Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

PAYMENT

Memberships are not tax deductible and are payable to ‘Operation Restore Hope Australia’

Enclosed is my \$20 annual membership fee \$ _____

Enclosed is my \$100 lifetime membership fee \$ _____

Donations over \$2.00 are fully tax deductible and are payable to

“Operation Restore Hope Philippines Relief Fund”

Enclosed is my donation to Operation Restore Hope for \$ _____

Total Enclosed \$ _____

Please charge my (circle one) Mastercard Visa a total of \$ _____

Card Number: _____ Expiry: ____ / ____

Cardholder’s Name: _____

Signature: _____

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