



Dying
with Dignity
Tasmania (Inc)

Application for membership

I/We wish to join the above society.

Name (Mr/Mrs/Ms): _____ Date: _____

Address: _____

Phone no: _____

Email: _____

Age (optional): _____

Single membership \$15 p.a. _____

Family membership \$20 p.a. _____

Donation: _____

Please send to: **PO Box 1022, Sandy Bay, Tasmania 7006, Australia**

When we receive this application you will automatically be placed on our mailing list for regular news letters.

If you would like an Enduring Guardianship form please tick here:

YOUR RIGHT TO CHOOSE

PO Box 1022 Sandy Bay Tasmania 7006 Australia

www.dwdtas.org.au

