

ORGANISATION FRIEND/SPONSOR

Moonya Community Services Incorporated

Applicant to Complete

I, _____ (Full Name of Applicant)

Of _____ (Organisation Address)

_____ Post Code _____

Am authorized to join my organisation as a Friend of Moonya.

In the event of the acceptance of my organisations admission as a Friend of Moonya, I agree to be bound by the Rules of Association that are in place from time to time.

Signature: _____

Date: _____

_____ elects to contribute to Moonya as a (please tick what your organisation will be):
 (Organisation Name)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Platinum Sponsor | \$5000 |
| <input type="checkbox"/> Gold Sponsor | \$2000 |
| <input type="checkbox"/> Silver Sponsor | \$500 |
| <input type="checkbox"/> Organisation Friend | \$100 |
| <input type="checkbox"/> Organisation Friend | Discount offered for Moonya Members |

Please describe offer _____

-----Tear Off-----

Payment

Enclosed is payment of _____ from _____.
 (Organisation Name)