



MEMBERSHIP FORM

OFFICE USE ONLY

Member Number	Date Received	Date Confirmed	Confirmed By
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT TO COMPLETE

MEMBER DETAILS

Surname:	Given Names:	Mr	Mrs	Ms	Miss
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Surname:	Given Names:	Mr	Mrs	Ms	Miss
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTACT DETAILS

Residential Address:	Postcode:	
<input type="text"/>	<input type="text"/>	
Postal Address: (If different from above)	Postcode:	
<input type="text"/>	<input type="text"/>	
Home Phone:	Work Phone:	Mobile:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax:	Email:	
<input type="text"/>	<input type="text"/>	
Which address would you prefer information and correspondence to be sent? (Please tick one)		
<input type="checkbox"/> Home address	<input type="checkbox"/> Postal Address	<input type="checkbox"/> Email Address

SIGNATURE

I acknowledge that I have read the terms and conditions of membership



MFS Diversified Group Ambassadors Club
9 Ouyan Street, Bundall, QLD 4217
P.O. Box 7720 GCMC Bundall QLD 9726

Call 1800 888 438

Phone: (07) 55 888 888 Fax: (07) 55 888 800

MFS Diversified Limited ABN 38 117 546 326 (Company)
MFS Diversified Trust ARSN 104 482 206 (Trust)