**Friends of Palestine Tasmania Inc.**

**MEMBERSHIP FORM – 2025**

Name: …………………………………………………………………………...............................

Address: ……………………………………………………………………………………………………….

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E-mail: ………………………………………………………………………………………………………….

Phone contact: ………………………………………………………………………………………………...

Organisation (if relevant): …………………………………………………………………………………….

**Friends of Palestine Tasmania Objectives:**

## To engage the Tasmanian people, their political representatives and organisations in order to:

## promote appreciation of Palestinian identity, heritage and culture;

## advocate for peace and justice in Palestine / Israel based on UN resolutions, and international and humanitarian law;

## advocate for the right to self-determination of the Palestinian people in a viable and democratic Palestinian state; and

raise funds to engage in charitable activities to support the charitable needs of Palestinians.

I/we agree to the objectives of the Association.

Signature: ………………………………………………………………………. Date: ……………

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The Friends of Palestine Tasmania committee wishes to keep our annual membership fee at an affordable level for everyone, but if you can afford more, donations are very much appreciated.

Membership type: New Renewing

Family $30  Individual $25 Concession $5 Organisation $200

I/we would also like to make a donation of $............. towards FOP(Tasmania).

EFT: Friends of Palestine Tasmania BSB 067-100 Account 1037 2648, please include your name.

Contact tasfop@gmail.com or secretary on 0439 954 818