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**Please confirm your details and return with memberships fees for (July 1, 2017- June 30,2018)**

**Name:** \_\_\_\_\_ **Member no:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **PC:** \_\_\_\_\_

**Ph: (home)** \_\_\_\_\_ **Ph: (wk)** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**D. O. B** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**MEMBERSHIP TYPE:** FULL \$ 25  SOCIAL \$ 10

**PAYMENT BY:** *Please tick* Cash:  Cheque:  C/card:

Card number: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ Expires: \_ \_ / \_ \_

Signature: \_\_\_\_\_