



Please confirm your details and return with memberships fees for (July 1, 2020- June 30,2021)

Name: _____ Member no: _____

Address: _____ State: _____ PC: _____

Ph: (home) _____ Ph: (wk) _____ Mobile: _____

Email: _____

D. O. B _____ OCCUPATION: _____

MEMBERSHIP TYPE: FULL Pre November 17 \$ 30 FULL Post November 17\$ 50 SOCIAL \$ 20

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

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

Signature: _____