

Membership FY 2018-19

TAX INVOICE/RECEIPT



Continenace Foundation of Australia
 Suite 1, 407 Canterbury Road
 Surrey Hills VIC 3127
 ABN: 84 007 325 313

Your membership renewal is due on **30 June 2018**.
 Failure to renew will result in cancellation of your membership.

Membership payment for the period 1 July 2018 to 30 June 2019.

All prices are inclusive of GST for Australian members and this document becomes a Tax Invoice/Receipt upon payment. Please copy and retain for your taxation records.

Member Details - Please fill in your details			
Name			
Contact phone	Membership Number	CFAMBR0000	<input type="text"/>
Address	Suburb	State	Postcode
Email			
Profession	Employer		
Membership Benefits	Available preferences - please tick your selection		
Bridge magazine	<input type="checkbox"/> Electronic	<input type="checkbox"/> Hardcopy	<input type="checkbox"/> Not required
ANZ Continenace Journal		<input type="checkbox"/> Hardcopy	<input type="checkbox"/> Not required
In the News (Member newsletter)	<input type="checkbox"/> Electronic		<input type="checkbox"/> Not required
Annual Report	<input type="checkbox"/> Electronic	<input type="checkbox"/> Hardcopy	<input type="checkbox"/> Not required
General membership correspondence	<input type="checkbox"/> Electronic	<input type="checkbox"/> Hardcopy	<input type="checkbox"/> Not required
Payment Method - Please return this form along with payment details			
Membership fee that you are paying (incl. GST):		\$ _____	Membership type:
<input type="checkbox"/> Online: continenace.org.au <small>Pay online via ANZ eGate, a secure payment site. View and edit your personal details and management your membership account and benefits.</small>			
<input type="checkbox"/> EFT: BSB: 013 259 A/C No: 3034 31254 Ref: Your name (Please note, if you do not include your full name as a reference we will be unable to identify who has made the payment and therefore will be unable to activate your membership.)			
<input type="checkbox"/> CREDIT CARD: Please select your card type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			
Credit Card Number:		Card Expiry Date:	CCV:
<input type="text"/>		<input type="text"/>	<input type="text"/> <small>(CCV is the last 3 digits on the signature panel of your card.)</small>
Cardholder's Name: _____		Cardholder's Signature: _____	
<small>(As appear on the credit card)</small>			
Return completed form via			
Mail: Membership Officer, Continenace Foundation of Australia Suite 1, 407 Canterbury Road, Surrey Hills VIC 3127 Email: membership@continenace.org.au Or Phone Membership Officer on 03 8692 8400 to make payment			