

**Application for Group Membership 2019/2020\***

**For organisations with groups of 5 or more people**

**\*Membership is valid for the 2019/2020 financial year and will expire June 30, 2020**

**Pricing**

|  |  |  |
| --- | --- | --- |
| **Group Size** | **Discount** | **Price** |
| Individual | n/a | $260 |
| 5 & over | 10% | $234 per person |

**Payment Options**

**[ ] Credit Card**

Please circle: Visa Mastercard

Card Holders Name:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Credit Card Number:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiry Date: \_ \_ / \_ \_

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

**[ ] Cheque**

*Total Amount : $ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_*Please email your completed form + CARD details to [anzaed@anzaed.org.au](mailto:anzaed@anzaed.org.au) or send your CHEQUE or CARD payment to:

ANZAED

PO Box 4154, Castlecrag NSW 2068, Australia

**CONTACT INFORMATION**

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select one group representative\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*The membership invoice will be emailed to your group representative

How many members are in your group?

*Please see next page to enter individual member information*

**PD Interests of group members:**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEMBER INFORMATION**

***Member 1***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 2***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 3***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 4***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 5***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 6***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 7***

**Name:**

**Profession:**

**Email:**

**Mobile:**

***Member 8***

**Name:**

**Profession:**

**Email:**

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