



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Executive Contact

Full Name: _____ Date of Application: _____

Title (Mr, Mrs, Miss, Ms): _____ Position: _____

Company: _____ A.B.N. No. _____

Postal Address: _____ Suburb: _____

City: _____ State: _____

Postcode: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Mobile: _____

Authorising Signature: _____

Membership Category: Fee (inc. GST)

Individual \$275.00

Payment Details:

1. **Cheque** enclosed payable to GITA ANZ Division for AUD \$ _____

2. **Purchase order** number for invoicing _____

3. **EFT:** BSB: 032196 Account Number: 160562 Name: GITA ANZ Division.

4. **Charge** my credit card below (note: credit card payments will be processed in Australian Dollars)

Bankcard MasterCard Visa Amex Diners

Name on Card: _____

No: _____ Expiry Date ____/____

Signature: _____

Send to: GITA (Aust & NZ), GPO Box 2576, Melbourne VIC 3001
Or Fax: 61 3 8677 2437 email: membership@gita.org.au
Website: www.gita.org.au