

PRIMARY 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: _____

<u>Membership Category:</u>	<u>Fee (inc. GST)</u>	<u>No. of Nominated members</u>
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Primary	\$3,300.00 <input type="checkbox"/>	10
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Please attach list of Names & Addresses of additional Nominated Members
(or email to accounts@gita.org.au)

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: _____