



ABN: 11 073 047 613

STUDENT MEMBERSHIP APPLICATION FORM

Contact Details

Full Name: _____ Date of Application: _____

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

Institution: _____ Year of Study: _____

Postal Address: _____ Suburb: _____

City: _____ State: _____

Postcode: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Mobile: _____

Authorising Signature: _____

<u>Membership Category:</u>	<u>Fee (inc. GST)</u>
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Student	\$50.00	<input type="checkbox"/>
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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