



MATES OF SLIM DUSTY MEMBERSHIP RENEWAL

(one member per form)

MEMBERSHIP NUMBER: _____

Please check all details are up to date.

NAME: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

I wish to renew my membership for - 1 year \$20 3 years \$60

PAYMENT METHOD

Please debit my MASTERCARD or VISA CARD

CARD NUMBER _____ EXPIRY DATE ____/____/____ CCV _____

NAME ON CARD _____ SIGNATURE _____

OR: I enclose my cheque/money order made payable to The Slim Dusty Centre

OR: Cash payment in person at the Slim Dusty Centre

OFFICE USE ONLY

MEMBERSHIP EXPIRY: ____/____/____ RENEWAL AMOUNT: \$20 \$60

RENEWAL DATE: ____/____/____ STAFF MEMBER: _____

RAFF # _____ PROCESSED: ____/____/____ POSTED: ____/____/____

NOTES: _____

MEMBERSHIP CO-ORDINATOR: _____ DATE: ____/____/____