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## THE ORDER OF AUSTRALIA ASSOCIATION

## Membership Application

**TAX INVOICE** ABN 40 008 612 664

## PLEASE PRINT CLEARLY IN BLOCK LETTERS

l, TitleGiven Names	Family	NamePost Nominals
of Mailing Address (Number/street/PO box)		
Suburb/town	State/Territory	PostcodeCountry (if not Aus.)
Phone ()Mobile	Email	L
Year of Birth (not Date of Birth)	(this information is required for a	actuarial purposes only)
		Australia <b>or awarded:</b> the <b>\( \)</b> MEDAL of the Order of Australia OAM <b>or</b> other date (dd/mm/yyyy)
Apply to be admitted to The Order of Aust	ralia Association Ltd. as:	
Annual Member by annual payment of  or a three year Member, by one payment of  or a ten year Member, either by one payment of  or by two annual instalments* each of  or a 25 year Member, either by one payment of  or by two annual instalments* each of  or by four annual instalments* each of	\$300.00 incl. GST 🗔	I agree to be to be bound by the Constitution and By-Laws of The Order of Australia Association Ltd which are on the Association's website at <b>theorderofaustralia.asm.au</b> I wish to be associated with the following Branch:  ACT NSW NT QLD SA TAS VIC WA Europe North America Overseas
Applicant's Signature		Date (dd/mm/yyyy)//

\*Please refer overleaf for instalment payment details

(Please turn over for payment options)

PLEASE PRINT CLEARLY IN BLOCK LETTERS **OFFICE USE ONLY l authorise payment** to "The Order of Australia Association Ltd" of \$ by Mastercard or VISA Member No. Date Credit Card Number **Expiry Date CVV Number** (3-digit number on back of card) Batch Cardholder's Name Cardholder's Signature or You may pay by EFT (electronic funds transfer) to: The Order of Australia Assoc, BSB: 032719 Account number: 209696. It is essential that you identify yourself in this option with YOUR FULL NAME so that your payment is processed accurately. This completed form must also be sent to our office so your details may be recorded. or authorisation for DIRECT DEBIT (for Annual Membership only) either if from the Credit Card detailed above, or if from bank account: BSB: Account Name: Account No.: By signing below, I authorise the debiting of my Annual Membership subscription to  $\square$  my **Credit Card**, or  $\square$  my **Bank Account** as above: Signature: ... (if ioint account. all signatories are required) Date: Signature: or I enclose a cheque payable to "The Order of Australia Association Ltd" CONTRIBUTIONS TO THE ORDER OF AUSTRALIA ASSOCIATION FOUNDATION'S 'THE ASSOCIATION SCHOLARSHIP' Please tick this box to receive details about making a tax deductible contribution to the Foundation's 'The Association Scholarship'. PAPERLESS NATIONAL MAGAZINE Please tick this box to receive *The Order* (national magazine) in e-copy quarterly. Ensure you have included your email address overleaf. The Order of Australia Association, Old Parliament House, PLEASE DETACH AND SEND YOUR APPLICATION AND PAYMENT DETAILS TO: 18 King George Terrace, PARKES ACT 2600 **MEMBERSHIP BY INSTALMENT** If paying by instalments, the first instalment needs to be included with this application. For the remaining instalments, payment will be required on each anniversary of the first instalment.

**ENQUIRIES** Email: oaanatmbrofficer@theorderofaustralia.asn.au or Telephone: (02) 6273 0322