



**PAYMENT FORM FOR
EVENT REGISTRATION, MEMBERSHIP FEES AND DONATIONS**

YOUR DETAILS

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

REASON FOR PAYMENT (please tick):

An Event (Please specify the event): _____ \$ _____.

Membership fee \$ _____.

Donation \$ _____.

TOTAL AMOUNT BEING PAID \$ _____.

PAYMENT METHOD (please tick):

Cheque or Money Order (please enclose with payment form)

Credit Card (please complete details)

Card Type: Visa MasterCard

Card Number: _____ / _____ / _____ / _____ Exp: ____ / ____

CVV: ____ (Your Customer Verification Value (CVV) is a 3-digit security code on the back of your credit card. It appears on the signature panel after and to the right of your card number.)

Name on Card: _____ Signature: _____

POST TO:

FAX TO:

Kalparrin
GPO Box D184 PERTH WA 6840

(08) 9380 6114

THANK YOU