



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

YOUR DETAILS

Name: _____

Address: _____

_____ 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:

Expiry Date: ____ / ____ / ____ Name on Card: _____

Signature: _____

POST TO: FAX TO:

Kalparrin
GPO Box D 184 Perth WA 6840

08 9380 6114

THANK YOU