

AOOB MEMBERSHIP APPLICATION FORM

Please print this page and submit with membership fee to:

A.O.O.B.

PO Box 2686

SOUTHPORT QLD. 4215

AUSTRALIA

NOMINATION FEES - AU\$15 for Membership Card and Keyring Badge

*Extra key ring badge \$5.00 each

Mr/Mrs/Ms

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

SUBURB: _____

STATE: _____ POSTCODE _____

CONTACT PHONE: _____

EMAIL: _____

NOMINATED BY: _____

SECONDED BY: _____

Enclosed my cheque/money order for \$ _____

Payment by direct deposit to AOOB BSB 484 799 Account # 051419072

(if using direct debit please include copy of receipt)

*Replacement cards cost \$10 only when Original Membership number quoted.

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DONATIONS OVER \$2.00 ARE TAX DEDUCTABLE

IF YOU WOULD LIKE TO DONATE TO THE AOOB & REQUIRE A RECEIPT

PLEASE ADVISE DETAILS IF DIFFERENT TO ABOVE

DONATION AMOUNT \$ _____ RECEIPT REQUIRED: YES/NO

NAME: _____

ADDRESS: _____

SUBURB: _____ STATE _____ P/CODE _____