



RENEWAL MEMBERSHIP FORM

From 1 July to 30 June
PRINT YEAR PRINT YEAR

.....
PRINT FIRST NAMES PRINT SURNAME

.....
PRINT ADDRESS

.....
PRINT EMAIL ADDRESS PHONE NUMBER

.....
SIGNATURE OF APPLICANT DATE

I prefer my newsletter and correspondence to be EMAILED or
 POSTED (PLEASE NOTE: EMAILING SAVES GDAS MONEY)

PAYMENT FULL PAYMENT (1 July - 30 June) **\$40**

MADE BY **DIRECT DEPOSIT**
BENDIGO BANK BSB 633-000
Acc. No. 200104032
Reference: *(Applicant's Name)*

CASH

CREDIT CARD (PLEASE PROVIDE)

OFFICE USE ONLY

Date:

Receipt No:

.....
NAME ON THE CARD

.....
CARD NUMBER

.....
EXPIRY DATE

.....
3 DIGITS AT THE
BACK OF THE
CARD