

Elanora Players Incorporated

Paying by (tick box) Direct Debit (preferred) Credit Card Cash

Date _____ Mr Mrs Ms (please circle)

First Name _____ Surname _____

Street _____

Suburb _____ Post Code _____

Phone _____ Mobile _____

Email _____

Membership Fee \$35.00

Direct Transfer details

ANZ Avalon **A/C:** 938448631 **BSB:** 012-222 **Reference:** SURNAME (eg Smith)

Advise undersigned via email once completed

admin@elanoraplayers.com.au

Credit Card Payment

Credit Card: Visa MasterCard

Card Number: Expiry Date: CCV:

Please note you must be a financial member of the Elanora Players Incorporated to take advantage of the **Voluntary Workers Personal Accident** insurance.

To confirm Membership please email completed Membership Form to

admin@elanoraplayers.com.au

Office use: Added to Membership List Credit Card Payment Sent Date / /