



MEMBERSHIP RENEWAL INVOICE – DUE 1st September 2009

Title _____ Surname _____ First Name _____

PLEASE TICK THIS BOX IF YOUR DETAILS ARE THE SAME AS 2008: * Changes Below

PAYMENTS: Please tick membership category applicable.

Full Membership \$65.00 Student Pilot Membership \$45.00
 Junior Membership \$30.00 Associate Membership \$65.00

Insignia Badge \$15.00 (GFPT or Higher) \$_____ Donation to Endowment Fund
 Payment Method: (please tick) Cheque Money Order Credit Card Direct Credit.

*** For Direct Credit, please provide, proof of payment (copy of bank deposit slip or internet banking transaction.) place in the **Reference**: INITIAL SURNAME POSTCODE eg. J Citizen1234. Please send this completed form, plus attach your proof of payment. ***
 Pay to: **AWPA BSB 062-904 Account Number 10313198 - Put in Reference**
 Date of Payment: _____ Amount: _____ Payee: _____

To pay by credit card, please complete below:

Please charge \$ _____ : MasterCard Visa

Card Number: _____ / _____ / _____ / _____ Expiry Date _____ / _____

Name on Card: _____

Signature: _____

Please forward to: Membership Secretary, PO Box 466, COOTAMUNDRA NSW. 2590

Changes to Hours for Milestone Awards:

	Category Held	Ratings	Hours
Fixed Wing	_____	_____	_____
Rotary	_____	_____	_____
Gliding	_____	_____	_____
Ballooning	_____	_____	_____
RA Aus	_____	_____	_____

Changed Details for Membership Book:

Postal
 Address _____ State _____ Postcode _____
 Phone Home (STD _____) _____
 Business _____ (STD _____) _____
 Fax (STD) _____ Mobile _____
 Email _____ DOB _____
 Occupation _____