



Amaze
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New Voting Membership Application

Your Details						Please Complete Form and send it to Amaze with payment							
Title													
First name						Last name							
Organisation													
Street													
Suburb					State					Postcode			
Phone					Mobile								
Email													
Payment Details													
Total payable		\$ 10.00											
I would also like to include a donation of \$_____ in support of the Autism Community and work of Amaze													
Cheque		Payable to Amaze Inc											
Credit Card		VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Expiry: / CCV:											
		Number on card:											
		Name on card:							Expiry		/		
		Signature:											
Direct Deposit		Account Name: Autism Vic General Account BSB: 063-113 Account No. 00904093 Please Include Membership Number, Full Name and Organisation (If Applicable) in Deposit Reference so your payment can be easily identified											