

## **Membership Form**

PO Box 886 Belmont Vic 3216

Ph: 5241 6550

email: listen@96three.com.au

Name				
Address				
Suburb				
State		_ Postcode		
Phone				
Mobile				
Email				
Date of Birth				
Membership 7	, .		\$60/year	
Please circle	Conce	ssion Card Holder	\$ <del>4</del> 0/ year	
Donation Amo	ount (Tax ded	uctible over \$2)		
Payment Op	tions			
Cheque or mo	oney order to	be made out to 96thr	ee FM	
Card Type	Visa	Mastercard		
Card No			/	
Expiry Date				
Phone 5241 6	550 to pay by	credit card over the	phone.	