



## 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) **\$30**

**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