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| ❒ I wish to renew my Centurion Membership ❒ I wish to become a Centurion Member 1. Centurion donations to support the programs of The Rotary Foundation **are tax deductible**. Receipts will be issued by Rotary International.
2. Membership is on a financial year basis. Renewal reminders will be provided by your Club Foundation Chair.

First name……………………………………………………Last Name…………………………………………………..…….…………… |
| Address…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....Post Code ........................Tel :…………………...…… E-mail address: …………………………………………………………………………………………….Rotary Club of ………..…..……..……........…… (If renewal/application is on behalf of many members please use the Group form). I wish to donate to The Rotary Foundation of Rotary International through ***The Australian Rotary Foundation Trust*** **Designation**: Annual Programs Fund ❒  |
| **CENTURION BADGE** I have a badge ❒ I would like to receive a badge ❒  |
|  **PAYMENT DETAILS:** Contributions are due in July unless you elect to pay in instalments (see below) **A) Cheque** ❒ Made payable to The Australian Rotary Foundation Trust. Post to the address below.**B) Credit Card** ❒ MASTERCARD ❒ VISA ❒AMEXName on Card . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Card No \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ **EXPIRY DATE**: ……./…… **CRV**…………SIGNATURE: …………………………………………………………………….. Date: ............/............/............**C) Instalments**. I authorise The Australian Rotary Foundation Trust to debit my credit card by the amount of   $…………. ❒ Monthly ❒ Quarterly ❒ Half yearly ❒ Yearly (July)**D) Transfer** ❒ To Australian Rotary Foundation Trust BSB 332-084 Account 5510 38195 (please include your name for identification) **E) Direct Debit** ❒ To use Direct Debit, please complete Direct Debit section on back of this form  |
| No matter which payment method you use, please complete and return this form to:PDG Neville Parsons, 11 Oak Ridge Rd, Private Bag 9, Wauchope 2446  or Email to nparsons@hccu.com.au (NOT to R.I.)Please provide your Rotary Membership No ............................. and your Club No ................................Your Club Secretary will have this information if not known by you. 1/07/15 |



Rotary International

 DISTRICT 9650

 CENTURION MEMBERSHIP



**Direct Debit Authority**

**PAYMENT DETAILS AMOUNT** in Australian currency  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Direct Debit** ❒

By signing this document, I/We authorise: THE AUSTRALIAN ROTARY FOUNDATION TRUST

with ABN 55 218 421 934 andwith Debit User Number 352263 the Debit User, to debit my/our account, detailed in the Schedule below, through the Direct Debit System.

I/we must pay you when due under the arrangement between us. This authority is to remain in force until t further notice.

BSB \_ \_ \_ - \_ \_ \_ Your Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency Preferred Calendar Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Once only ❒ Monthly ❒ Quarterly ❒ Half Yearly ❒ Yearly

SIGNATURE: …………………………………………………………………….. Date: ............/............/............