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| **THE ROTARY FOUNDATION** |
| **DISTRICT 9820 CENTURION CLUB** |
| APPLICATION FORM |

**Yes I would like to join/renew membership to the District 9820 Centurion Club. (Delete as appropriate)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| First Name |  |  | Last Name |  |  |
|  |  |  |  |  |  |  |
| Home Address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Suburb |  |  | State |  | Post code |  |  |
|  |  |  |  |  |  |  |
| Home Phone |  | Work phone |  | Mobile |  |  |
|  |  |  |  |  |  |  |
| e-mail address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Rotary Club of |  |  | Club ID number |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| My RI member ID |  | (Available from your club secretary) |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Donations of over $2.00 are tax deductible - see direct debit agreement overleaf** |  |  |  |  |  |  |  |  |  |
|  | **NEW** member contribution |  |  |  |  |  |  |  |  | Please send me a **certificate** | **Yes**  |  |  |  |  |  |
|  |  |  |  |  | **ONGOING** member contribution |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **No**  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PAYMENT BY CHEQUE/CASH** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Amount in Australian currency **$** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Please make cheque payable to the **Australian Rotary Foundation Trust** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PAYMENT BY CREDIT CARD** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Amount in Australian currency** |  |  | **$** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Mastercard** |  |  |  |  | **Visa** |  |  |  | **CVV – 3 Nos on back** |  |  |  |  |  | **EXPIRY DATE** |  |  | **/** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Card Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name on card** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Frequency****of****payment** |  |  |  |  |  | **In the month of** |  | **for** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Once only** |  |  | **Monthly** |  |  | **Quarterly** |  |  | **Half yearly** |  |  | **yearly** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Signature** |  |  | **Date** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PAYMENT BY DIRECT DEBIT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| By signing this document I/we authorise THE AUSTRALIAN ROTARY FOUNDATION TRUST with ABN 55 218 421 934 and the Debit User Number 352263 the Debit User, to debit my/our account detailed in the schedule below, through the Direct Debit System (details below. I/we must pay you when due under the arrangement between us. This authority is to remain in force until further notice. |
|  | **Amount in Australian currency** |  |  | **$** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **BSB** |  |  | **Account Number** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name on Account** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name of Financial Institution** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Frequency****of****payment** |  |  |  |  |  | **In the month of** |  | **for** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Once only** |  |  | **Monthly** |  |  | **Quarterly** |  |  | **Half yearly** |  |  | **yearly** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Signature** |  |  | **Date** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Please send completed form with your cheque or payment details (including if using Direct Debit) to: |
|  |  |  | PDG Charlie Speirs, 25 Riverslea Bvd., Traralgon, Victoria, 3844 |  |  |  |  |
|  | For office use only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Received |  |  | Receipt Number |  |  | Entered S/S |  |  | Entered D/base |  |  |

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