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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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| First Name | | |  | | | | | | | | | | | | | | | | | | | | |  | Last Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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| Home Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |
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| Suburb | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | State | | | |  | | | | | Post code | | | | | |  | | | | |  |
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| Home Phone | | | |  | | | | | | | | | | | | Work phone | | | | | | | | |  | | | | | | | | | | | | Mobile | | | | |  | | | | | | | | | | |  |
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| e-mail address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |
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| Rotary Club of | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | Club ID number | | | | | | |  | | | | | | | | | | | |  |  |  |  |
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| 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** | | | | | | | | | | | | | | |  | | |  | | **$** | | |  | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  |  |  |  |
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|  | **Mastercard** | | | |  | |  | |  | |  | | **Visa** | | |  | |  | |  | | **CVV – 3 Nos on back** | | | | | | | |  | |  |  | |  | |  | **EXPIRY DATE** | | | | | | |  | | |  | | **/** |  | |  |
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|  | **Card Number** | | | | |  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | | |  | |  | |  | | | |  | |  | |  |  |  |
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|  | **Name on card** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  | **Frequency**  **of**  **payment** | | | | |  | |  | | | |  | | |  |  | | | **In the month of** | | | | | | | |  | | | | | | | | | | | **for** | | | |  | |  | |  | |  | |  |  |  |  |
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|  |  | | **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** | | | | | | | | | | | | | | |  | | |  | | **$** | | |  | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  |  |  |  |
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|  | **BSB** | |  | | | | | | | | | | | | | | | | | |  | | | **Account Number** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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|  | **Name on Account** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  |  |  |
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|  | **Name of Financial Institution** | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  | **Frequency**  **of**  **payment** | | | | |  | |  | | | |  | | |  |  | | | **In the month of** | | | | | | | |  | | | | | | | | | | | **for** | | | |  | |  | |  | |  | |  |  |  |  |
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|  |  | | **Once only** | | | | | | | |  | | |  | | **Monthly** | | | | | |  | |  | | **Quarterly** | | | | | |  |  | | **Half yearly** | | | | | |  | |  | | **yearly** | |  |  |
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|  | **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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