



Membership Form

TAX INVOICE
ABN 60 965 397 763

Surname: _____ Given Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

Email: _____

Nature of Business: _____

Obligation:

I, the undersigned, agree to encourage and maintain the principles and values of the Tasmania Committee, Incorporated.

- We are free and independent of any political, religious or racial influence or persuasion.
- We believe in cohesion and harmony in Tasmania, for its land and its people.
- We honour achievements that benefit all Tasmanians.

Payment details:

Cost of Membership: \$25.00

Please tick box: credit card cash cheque (If paying by cheque, make cheque payable to Tasmania Committee, Inc.)

Credit Card Authority: Bankcard Visa MasterCard

Card No:

Cardholder name (please print): _____

Expiry: _____

Please forward your completed form to:

Tasmania Committee
P.O. Box 648, Sandy Bay
TAS 7006
Phone: 03 6225 2678
Fax: 03 6225 3082

Amount authorised: _____ Signed: _____ Date: _____

