



WALLABY 1ST
1ST PLUS

WALLABY 1ST MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other _____ D.O.B: ___/___/___

First Name: _____ Surname: _____

Pre Address: _____ Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: H: _____ W: _____ M: _____

Email: (please print clearly)

MEMBERSHIP TYPE

Wallaby 1st Membership @ \$1500.00 inc. GST Quantity [max. 4]: _____ Total: _____

PAYMENT DETAILS

Please note a 1.95% credit card fee is incurred for Visa/MasterCard/AMEX transactions, Diners is not accepted.

Please charge my: Visa Mastercard Amex

Cardholder's name: _____

Card number:

Expiry Date: ___/___/___ CVC: _____ Signature: _____

OR, cheque \$ _____ made payable to Australian Rugby Union.

Please return to: ARU Memberships Department, PO Box 115, St Leonards NSW 1590
Fax (02) 8005 5686
Email memberships@rugby.com.au

TAX INVOICE / This document will be a Tax Invoice/Receipt for GST when you make a payment.
RECEIPT: Australian Rugby Union ABN: 36 002 898 544

I have read all the terms and conditions online, and I agree to be bound by the terms and conditions and any rules or regulations imposed from time to time. I agree to my identity and personal information provided on this form being used and disclosed for any purpose reasonably connected with Wallaby 1st Membership or for any purpose which the ARU believes is in the interest of members, such as the provision of special offers and events from time to time. I certify that the information I have provided on this application form is correct.

Signature: _____

Date: ___/___/___



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