THE WORKING KELPIE COUNCIL OF AUSTRALIA INC.

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ABN 80 725 118 362

CREDIT CARD PAYMENT FORM

The Membership Secretary,
P O Box 306,
CASTLE HILL NSW 1765

Date:. . . . . .

Credit Card:

Please charge membership to my ☐**Master Card;** ☐**Visa;** ☐**American Express** ✓Card type
My full card number is:-

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on card. . . . . **Expiry date:**. . . ./ . . . . .

Name:[Please print]. . . . . Signature: . . . . . .

Address: . . . . . .

. . . . . Pos t Code:. . . . . .

Telephone:(. . .). . . . . Fax:(. . .). . . . . Mobile: . . . . . .

Email:.....