



ANNUAL SUBSCRIPTION 2009

Student Friend of ATOD

Friend of ATOD

TAX INVOICE (Includes GST)

ABN: 39 051 244 510

Membership Number:

NAME	
RESIDENTIAL ADDRESS <small>PLEASE INCLUDE P/CODE</small>	POSTAL ADDRESS <small>PLEASE INCLUDE P/CODE</small>
HOME PHONE NUMBER -	MOBILE PHONE NUMBER -
EMAIL ADDRESS <i>essential to receive newsletters</i>	
STUDIO NAME (If applicable)	
TYPE & FEE	<input type="checkbox"/> STUDENT FRIEND OF ATOD \$30.00 <input type="checkbox"/> FRIEND OF ATOD \$50.00 <input type="checkbox"/> **POST & PACKAGING \$ <u>7.50</u> TOTAL PAID (INCL GST) _____
BANK ACC DETAILS 033-337 131-680 (REF: MEMBERSHIP NUMBER/NAME) CHEQUES MADE PAYABLE TO A.T.O.D. LTD.	
PLEASE POST TO: TRACEY JONSSON (COMPANY SECRETARY) PO BOX 565 WATERFORD QLD 4133	

***Student Friends (Please tick) Date of Birth** ___/___/___

5yrs – 9yrs 10yrs – 12yrs 13yrs – 15yrs 16yrs & Over

***To assist us in continued improvement please indicate if you would be interested in a Kids Club on the ATOD website** Yes No

****Student Friends and Friends of ATOD**

If you wish to have your Energetiks Gift Pack posted directly to you please include \$7.50 for postage and packaging. If no P & P is included the gift pack will be given to your teacher at a State Event.

Would you care to donate your gift pack to ATOD to give as a 'student encouragement award' at various State events such as Master Classes, competition days etc.? Yes No
If yes, no P&P is required and thank you for your support.

Complimentary membership i.e. registered in Teachers course, ATOD Sponsor, or other please tick here

Credit Card Payment:

Name on Card _____

Card No. _____/_____/_____/_____

Exp. Date ___/___ CCV _____ Amt:\$ _____

Cardholders Signature: _____

Office use only:

Pmt Method _____

Acc **E-Group**

XL **Copy to Treasurer**

Card ord **Admin advice**

Card sent **Gift Pack sent/don**

Initials _____