

ANNUAL SUBSCRIPTION

ACCOUNT DUE 28TH FEBRUARY

Tax Invoice
ABN: 39 051 244 510

Membership Number:

NAME	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS (PLEASE INCLUDE P/CODE)	
PHONE - MOBILE PHONE - HOME	
EMAIL ADDRESS	
STUDIO/BUSINESS NAME A.B.N.	
STUDIO ADDRESS	
STUDIO/BUSINESS PHONE	
MEMBERSHIP TYPE & FEE (please mark with a X) Advanced payment discount Pay 3 years less 5% Pay 5 years less 10% Please note advanced payment fee is non- refundable and non- transferrable PAYMENT MUST BE RECEIVED WITH FORM	<input type="checkbox"/> JUNIOR TEACHER \$40.00 <input type="checkbox"/> AFFILIATE TEACHER \$150.00 <input type="checkbox"/> PROBATIONARY \$150.00 <input type="checkbox"/> ASSOCIATE TEACHER \$125.00 <input type="checkbox"/> MEMBER TEACHER \$125.00 <input type="checkbox"/> LICENTIATE TEACHER \$125.00 <input type="checkbox"/> NEW MEMBER REGISTRATION \$40.00 <input type="checkbox"/> LATE PAYMENT FEE (due with payments received after 28 th Feb) <u>\$25.00</u> TOTAL AMOUNT PAYABLE (INCLUDES GST) \$ _____
* If you would like your business name, location, and contact number included on the company website please tick the box (please supply information if different to above details) <input type="checkbox"/> * Please note section 3 of the online Teachers Manual, "Code of Ethics", and tick the box to acknowledge that you have read the section and are aware of the company's conduct guidelines <input type="checkbox"/> * I have undertaken professional development in 2010(circle) YES NO If yes please list details over page * I understand that ATOD Syllabi work may only be presented in ATOD examinations/assessments and may not be presented for assessment by other organisations nor in-house assessments. <input type="checkbox"/>	
PLEASE RETURN TO: secretary@atod.net.au or TRACEY JONSSON (COMPANY SECRETARY) PO BOX 565 WATERFORD QLD 4133	

PAYMENT OPTIONS:

1) CREDIT CARD PAYMENT:

Name on Card _____

Card No: ____/____/____/____

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

Cardholders Signature _____

Office use only:

- Pmt Method _____
- Acc XL
- State advice
- E-Group Card/Letter Sent
- Copy to Treasurer
- Online login _____

- 2) **DIRECT TRANSFER** WESTPAC BANK DETAILS BSB 033-337 A/C NO 131-680 Please quote your Membership number as the reference number. **PAYMENT DATE:** _____ (please complete)
- 3) **CHEQUE PAYMENT.** Please make payable to ATOD Ltd, P O Box 565 Waterford Qld 4133