

Application Form

Post to: COTA Member Services

REPLY-PAID 2146

Adelaide SA 5001 (no stamp required)

Yes! I would like to BELONG, BENEFIT & BE HEARD as a COTA member in my State or Territory.

Member 1:

Please circle: Mr Mrs Miss Ms

First Name:

Surname:

Date of Birth:/...../.....

Address:

Postcode: State: Email:

Phone: (.....) Mobile:

For a 12 month membership \$30 Single \$40 Joint Optional Donation \$.....

I wish to pay by: Visa Mastercard Cheque Money Order

Total amount payable: \$.....

Card no:

Name on Credit Card: Expiry Date:/...../.....

Signature:

Please find enclosed my cheque or money order made payable to COTA for \$.....

Your member pack will arrive in about two weeks after we receive your application.