

Forwarding the application, either Fax back to: 02 9258 2155 or
eMail the application to: membership@payroll.com.au

Your Details **PLEASE PRINT**

Name _____

Company _____

Address _____ P/C _____

Billing Address _____ P/C _____

PH _____ FAX _____

eMail _____

Payroll System Used _____

Our Payroll Office Reports to

Name _____ Title _____

Membership types and fees inclusive of GST

Full Membership	<input type="checkbox"/> \$760
Additional members (from the same company)	<input type="checkbox"/> \$655
Personal Membership	<input type="checkbox"/> \$605
Journal/PayAssist Membership	<input type="checkbox"/> \$350
Journal Membership	<input type="checkbox"/> \$200
PayAssist Membership	<input type="checkbox"/> \$200

Payment Options

*payment must be received prior to course attendance.

- Cheque - payment enclosed Cheque - invoice required prior to payment
 Credit Card - details provided below EFT - invoice required prior to payment

Mastercard _____ Card No. _____

American Express _____ Expiry Date _____

Visa _____ Card Holder _____

Bank Card _____

Diners Card _____ Signature _____