

Summary Form 2010-11



Please Note: This form **MUST** be submitted to Athletics Victoria by the Club's registrar with payment for each athlete's Athletics Victoria membership fees.

Athletics Victoria ABN 47 382 664 821
When completed and signed this form constitutes a tax invoice.

Club Registrar Details

Club			
Registrar			
Address	Street Address/PO Box	Suburb/Town	Postcode
Phone		Mobile	
Email			

	Family Name	Given Name	Total \$	Office Use Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total \$

Payment Method: Cheque Credit Card Cash Page of

Fax, mail or deliver forms with payment to:
ATHLETICS VICTORIA
 OLYMPIC PARK, OLYMPIC BLVD,
 MELBOURNE VIC 3004
 FAX: (03) 9427 9183

CREDIT CARD PAYMENT (MASTERCARD & VISA ONLY):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Name:						Cardholder Signature:				Expiry: /	

Office Use Only

Date Received:	Payment Method:	Date Processed:	Processed By:
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