

# COTA Membership

## Application Form



**Post to: COTAMembership**  
**REPLY-PAID 84695**  
**Adelaide SA 5000 (no stamp required)**

### 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  \$34 Single  \$44 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.**

Your personal details may be used to contact you with information on this and other COTA products or services. By providing us with your details, you give us permission to contact you, unless you advise us otherwise. If you would like a copy of our privacy policy, do not wish to receive information or want to access or change your personal details, please call COTA Membership on 1300 1400 50.

WEBSITE