

Application Form

Post to: COTA Membership
Reply Paid 85665
Hutt Street SA 5000 (no stamp required)



Member 1

Mr / Mrs / Miss / Ms / _____ (please circle)

First name

Surname

Date of Birth / /

Phone ()

Mobile

Email

Address

..... Postcode State

Select your 12 month membership type:

\$34 Single \$44 Joint (two people) optional donation \$

Total Payable – Thank You \$

Visa MasterCard cheque money order

Card number:

Cardholder's name Card expiry date ____ / ____ / ____

Signature

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

Your Membership / Ambassador Card will arrive approximately 2-3 weeks after your payment is processed.

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 APPLICATION