Rewards Club Application Form

Australia's Staff Benefits Card

CONTACT DETAILS

Contact name: _____ **Position:** _____

Mail address: _____ **Postcode:** _____

Email address: _____

Phone: _____ **Membership Number:** (if applicable) _____

OFFICE USE

CARD MEMBER NAMES

One name per card. Please print clearly. Copy this page for orders over 10.

(circle one)

1. Name: _____ 1 Year or 2 Year Email: _____
2. Name: _____ 1 Year or 2 Year Email: _____
3. Name: _____ 1 Year or 2 Year Email: _____
4. Name: _____ 1 Year or 2 Year Email: _____
5. Name: _____ 1 Year or 2 Year Email: _____
6. Name: _____ 1 Year or 2 Year Email: _____
7. Name: _____ 1 Year or 2 Year Email: _____
8. Name: _____ 1 Year or 2 Year Email: _____
9. Name: _____ 1 Year or 2 Year Email: _____
10. Name: _____ 1 Year or 2 Year Email: _____

PAYMENT DETAILS

Please send: ____ x 1 Year Memberships @ $30 each & ____ x 2 Year Memberships @ $50 each = Total payment $_____

Payment type: [ ] Cheque or Money Order (to Rewards Club Aust) or MasterCard VISA AMEX

[ ] Credit card Card type: [ ] Mastercard [ ] Visa [ ] Amex

Cardholders Name: _____ **Signature:** _____

Card number: | | | | | | | | | | | | | | | | **Expiry date:** | | | |

FAX TO: 1300 884 208
(credit card orders only)

OR

MAIL TO: Rewards Club Australia, PO Box 255, Neutral Bay NSW 2089