

Library Membership Application

INVOICE

Please complete and return this form with payment to:

Library Manager
St Mark's National Theological Centre
15 Blackall Street, BARTON ACT 2600
Ph: 02 62726254 Fax: 02 6273 4067 Email: Stmarkslibrary@csu.edu.au

The information given on this form is used by the Library for your membership mailing address. Please help us by checking that the information you have given is legible and correct.

Please keep a copy of this form for your records
PLEASE COMPLETE IN CAPITAL LETTERS

Name: _____

Postal Address: _____

Phone No: _____ Email: _____

Your membership commences from the date of receipt of payment for 12 months.

Please do not staple cheques to this form.

Mark the relevant boxes:

Type of Membership		Amount (GST Incl)
Individual Member	()	\$60
Individual Distance member (postal)	()	\$120
Parish - Diocese of Canberra/Goulburn	()	\$170 (GST Free)
Anglican Priest / Deacon / Chaplain		free
Parish – Other (non Anglican)	()	\$180
Institutional Member	()	\$180
Donations	()	-----

How to pay: you may pay by Cash, Cheque or Credit Card

Credit Card Payments:

Visa () Master Card ()

Number of Card: _____ Expiry Date of card: _____

Name on Card: _____

Signature on Card: _____