



Pagan Awareness Network Incorporated

PO Box 1062 North Sydney N.S.W 2059
Mobile Ph 0412-427-343 Email info@paganawareness.net.au
Australian Site at <http://www.paganawareness.net.au/>
ABN 23 557 117 491

Application for Membership of the Pagan Awareness Network Inc.

Name: _____

Address: _____

Suburb: _____ PC: _____

Phone: BH _____ AH _____ MOB _____

E-Mail: _____ Date of Birth: _____

I wish to become a member of P.A.N Inc and support the aims of providing information about Paganism and networking within the Pagan community.

I understand that by joining the Pagan Awareness Network I agree to abide by the laws and by-laws of the association (available on request).

I am over the age of 18.

Membership Costs:

Single \$40.00 including GST per year

Student/Pensioner (Proof required) \$30.00 including GST per year

Payable by cheque, money order or use enclosed credit card form.

This membership is current for 12 months from acceptance.

Signature: _____ Date: _____

I have read and agree to the above statements

Application sponsored by: _____ Membership No: _____

Upon approval of the committee you will be sent a membership pack including a membership card to show for discounts and the monthly newsletter.



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Credit Card debit authority form

Please charge my MasterCard/Bankcard/Visa for my twelve months membership of the Pagan Awareness Network Inc in the amount of \$ ____ . ____

Type of card _____

My full credit card number is _____

Valid From ____ / ____ to ____ / ____

Name as appears on card _____

Residential address (only used for processing no mail will be sent to this address)

_____ Postcode _____

Postal address _____

_____ Postcode _____

Phone Number for Verification if required _____

Signature of Cardholder _____

Office use only

Date Processed. _____ Processed by _____