



Student Membership: \$ 63.00

TAX INVOICE

This notice becomes a Tax Invoice on receipt of payment please keep a copy.
This Tax Invoice has been issued by AMTA (ABN 11881946262)

Please complete, sign and return with payment details to the email address below.

Surname		First Name	
Mailing address			
Suburb/town			
State		Postcode	
Phone			
Fax			
Email			
I wish to receive correspondence by email		Yes	No

Please complete your details below to pay by credit card.

Card Number: _ _ _ . _ _ _ . _ _ _ . _ _ _ Expiry date: _ _ . _ _

MasterCard VISA CVC: _____

Total Amount Payable: \$ 63.00 Date: _____

Cardholder Name: _____

Cardholder Signature: _____

C. Please sign declaration:

I agree to abide by the rules and constitution, code of ethics and standards of professional conduct of The Australian Music Therapy Association as long as I remain a member of the association.

Signature: _____ Date: _____

To verify your status as a student in an AMTA approved course, please ask your lecturer or course leader to sign below:

University: _____

Lecturer's name: _____ Lecturer's signature: _____

Please return via email with your payment details to: info@austmta.org.au