



Associate Membership \$162.00 inc GST

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 full payment to the address below.

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

Please enclose a cheque made payable to AMTA Inc., or pay by credit card.

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

MasterCard VISA CVC: _ _ _

Total Amount Payable: \$ 162.00 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: _____

Please return with your payment to:

*Australian Music Therapy Association Inc
info@austmta.org.au
Suite 1,1 Smith Street
Fitzroy, 3065, VIC
Australia*