



Version: 20260114

Sub-Branch

Committee Member Name

Committee Member Position

Member Name & Member Number	Service Number	Proof Yes/No	Capitation OR \$25 Annually	As per Proof \$40 Annually	Subtotal	State Branch
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
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Member #						<input type="checkbox"/> Badge
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Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt

Online Transfer (EFT) to BSB 066 000 Acct 1747 1967

Total Amount Payable	\$
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Date : _____

Please note, documents & payments must be submitted simultaneously. PLEASE SIGN ALL SECTIONS BEFORE SUBMITTING.

