

KURRAJONG WARATAH ART UNION



Once completed please post to
Kurrajong Waratah
PO Box 8576 WAGGA WAGGA NSW 2650.

Fields marked with an "*" are compulsory.

Title*:

First Name*:

Surname*:

Company (if applicable):

Position if applicable):

Address*:

Town/Suburb*: State*:

Postcode*: Country*:

Email address:

Telephone Hm: Mobile*:

Telephone Wrk:

Card Type*: Visa Bankcard Mastercard

Name on Card*:

Credit Card number*:

Expiry Date (mm/yy)*:

Number of tickets required: Book of 20 Book of 10 enter number.

Is this ticket a gift for another person?* Yes No (tick)

Would you like to receive the quarterly Kurrajong Waratah newsletter?* Yes No (tick)

Thank you for supporting the Kurrajong Waratah Art Union.