

Version: Oct 2021

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| **Name**  |  |  |  | **Member No.**  |  |
| **Medicare Number** |  **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**Ref No. | **Expiry Date:** **\_\_\_ \_\_\_ / \_\_ \_\_ \_\_ \_\_** |

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|  |  | **Delivery Address**  |  |
|  |  |  | **Post Code**  |
|  |  | **Delivery Method**  |  |
| **Post**  | **Pick up**  | \*\* NOT CURRENLTY AVAILABLE \*\* |  |
| **Payment Method (Do not send cash)**  | **Amount Paid**  | **$**  |
|  **Cheque Money Order Credit Card Direct Debit Date Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_** **BSB 112-879, Account No. 456643389**  **Identify this with member number and a word describing the payment (e.g. “Postage” or “Fees” or “Donation”)**  |
| **Please charge my credit card (minimum $45.00)** ***(Only Mastercard and Visa are accepted and the minimum amount is equal to 3 postal deliveries)***  |
| **Name on card**  |  | **Expiry Date**  |  **/** |
| **Card No.**  |   **/ / /**  | **CVC No. (last 3** **digits on back of card)** |  |
| **Brand**  | **Product Code**  | **Description**  | **Quantity**  |
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Write here any supplies to be purchased or any special instructions for delivery of your order:

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