

ARNA Merchandise Order Form

Item Number	Item Description	Quantity	Cost per Item	Total Cost
1	Competency Standards		\$ 15.00	
Postage	Delivery of Merchandise	-	-	\$5.00
			TOTAL (AUD)	

PERSONAL DETAILS

Title _____ First Name _____ Last Name _____
 ARNA Chapter _____ Position _____
 Delivery Address _____
 State _____ Postcode _____
 Email Address _____
 Phone () _____ Fax () _____ Mobile _____

METHODS OF PAYMENT

TAX INVOICE / RECEIPT

ABN: 7867 6522 506

Total Amount Payable to ARNA	AUD \$
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Cheque: Please make out to **ARNA**, attach to this form, and forward to the address below.

Credit Card: Card Type VISA MASTERCARD BANKCARD
 Name on Card _____
 Card Number _____ Expiry Date _____
 Signature _____ Date _____

Please fax, email or post this form with your payment details to:

ARNA
PO Box 193
Surrey Hills, VIC, 3127 Australia

Fax (03) 9898 0249
 Phone (03) 9895 4483
 Email arna@pams.org.au