

**ARNA Merchandise Order Form**

Item Number	Item Description	Quantity	Cost per Item	Total Cost
1	Competency Standards		15.00	
<b>Postage</b>	<b>Delivery of Merchandise</b>	-	-	<b>\$5.00</b>
			<b>TOTAL</b>	

**PERSONAL DETAILS**

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

**METHODS OF PAYMENT**

**TAX INVOICE/ RECEIPT**  
ABN: 7867 6522 506

<b>Total Amount Payable to ARNA Australia      \$</b>
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Cheque: Made out to **ARNA Australia** and forward it with this form to BPW Australia, PO Box 193, Surrey Hills, VIC 3127

Credit Card: Card Type                      VISA                       MASTERCARD                       BANKCARD

Name on the Card

Card Number

Expiry Date

Signature

Date

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

**ARNA Australia, PO Box 193,  
 Surrey Hills VIC 3127**  
 FAX (03) 9898 0249  
 PH (03) 9895 4483  
 EMAIL [arna@pams.org.au](mailto:arna@pams.org.au)

ARNA Australia is committed to protecting the privacy and security of personal information provided to us.